

WISCONSIN PUBLIC HEALTH EMERGENCY PREPAREDNESS COOPERATIVE AGREEMENT APPLICATION

2005-2006

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James E. Doyle
Governor

Helene Nelson
Secretary



State of Wisconsin

Department of Health and Family Services

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July 1, 2005

Executive Summary and Letter of Consensus

Wisconsin Public Health Emergency Preparedness Cooperative Agreement 2005-2006

Since 1999, Wisconsin and all other states have received federal funds from the Centers for Disease Control and Prevention (CDC) for the purpose of upgrading state and local public health jurisdictions' preparedness for and response to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. After 2001, these funds were supplemented substantially and additional federal funds were awarded in a separate agreement from the Health Resources and Services Administration (HRSA) for upgrading hospital preparedness with the same purpose.

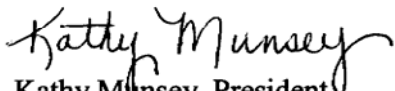
The Director of the CDC has indicated that these funds are for "Full-use", meaning funding for public health infrastructure at the state and local levels to enhance day-to-day public health practice in order to provide Wisconsin the surge capacity needed to respond to any event. To this end, the Wisconsin Division of Public Health (WDPH) and its many partner agencies and organizations have striven to increase the infrastructure of the Wisconsin public health system. Capacity has been increased in the areas of disease detection and investigation, biological and chemical laboratory testing, public health data and communication, public health workforce development, hospital isolation and decontamination, and planning and exercising a coordinated response with all partners to any type of public health emergency, both natural and man-made. The WDPH and its partners will continue to strive to integrate all aspects of preparedness and emergency response into a single public health system by using the strategic, long-term goals for the improvement of the public's health specified in Healthiest Wisconsin 2010.

In 2001, in order to plan on a regional and statewide level in a state that operates under a home-rule system, the WDPH asked Wisconsin local public health departments and tribes to self-select into regional preparedness consortia. Twelve consortia, representing every Wisconsin local and tribal health agency, were formed in 2002. One health department in each consortia was selected as the fiscal agent for their consortia and all local preparedness funding is initially contracted with WDPH through these agents. Funding levels are determined by WDPH and allocated by a mutually developed formula based on population, geographic area, risk factors, number of member agencies, and a base amount of \$150,000 per consortia. The consortia were allocated \$6.5 million in 2003, \$9 million in 2004, \$8.28 million in 2005, and \$9 million will be allocated for 2006. Each consortia determines how much of their allocation is further distributed to their local health departments and tribes. Objectives to build critical public health capacity and achieve a state of preparedness are mutually developed and negotiated within the boundaries of the CDC cooperative agreement.

The original intent of this consortia structure was to provide an operational framework for response planning and collaboration at the regional and local levels, and to maximize the resources and funding available. The consortia structure was intended to evolve or dissolve once the initial planning and implementing phases were complete, depending upon what other regional preparedness structures had evolved and upon funding source limitations. A committee review of the consortia in 2005 recommended no changes in the current structure. This same committee will examine and provide recommendations on other local health department consortia and partnerships that may include the bundling of funds and activities. The WDPH will continue look to this committee and other established advisory committees for future recommendations on the preparedness consortia structure.

A WDPH grant writing team and an expanded WDPH steering committee on preparedness developed and reviewed the 2005-2006 application for the CDC Cooperative Agreement. The steering committee included representatives from the Great Lakes Inter-Tribal Council (GLITC), the Office of Justice Assistance (State Homeland Security Agency) and local public health agency representatives selected by the Wisconsin Association of Local Health Departments and Boards (WALHDAB). Broader input from local public health IT committee members, all consortia fiscal agents and tribal health agencies on application drafts was also solicited.

This grant application begins a new five-year cooperative agreement between the WDPH and the CDC that includes new performance outcomes based on the six preparedness goals of Integration, Detection, Investigation, Control, Recovery, and Improvement. Specific measurement metrics will be required of state and local agencies from exercise evaluations and performance checklists. An annual assessment on the status of state and local health agency preparedness will provide a progress report to the CDC, our partners and the public on what it means to be prepared for public health emergencies, and how prepared we are in Wisconsin.



Kathy Munsey, President
Wisconsin Association of Local
Health Departments and Boards



Steven A. Marshall, Director
Public Health Preparedness Program
Wisconsin Division of Public Health



State of Wisconsin
Department of Health and Family Services

Jim Doyle, Governor
Helene Nelson, Secretary

July 8, 2005

Alison B. Johnson, MPA
Director, Division of State and Local Readiness
Coordinating Office of Terrorism Preparedness and Emergency Response
Centers for Disease Control and Prevention
1600 Clifton Road, MS D-29
Atlanta, Georgia 30333

Dear Ms. Johnson,

Wisconsin prides itself on its history of being a national leader in public and environmental health issues and our state's current commitment to local and national homeland security. Our state's laboratory system, led by the WSLH, has been a big part of this history. We continue to develop our partner laboratories as we prepare to deal with terrorism and other emergencies. In particular, the Wisconsin State Laboratory of Hygiene, Wisconsin's state public and environmental health laboratory, has led efforts to prepare Wisconsin laboratories to handle both biological and chemical emergencies. We believe it is now time for the Wisconsin State Laboratory of Hygiene to become a CDC Level One chemical laboratory. This designation, and the emergency capabilities associated with it, will be a great asset to our state and its security. I also believe having our laboratory function as a Level One chemical laboratory will be beneficial to the nation as a whole. To this end, we have submitted a proposal for the 2005-06 Cooperative Agreement which will enable the Wisconsin State Laboratory of Hygiene to attain such status.

I also support the continuing collaborative partnership that has developed through the state public health laboratory directors from Iowa, Minnesota, and Wisconsin. Our states, collectively and individually, are dedicated to attaining Level I status. By working in collaboration, our three states will be able to support the CDC through enhanced collective analytical expertise and shared testing responsibilities in an emergency. This approach will leverage national resources and provide capacity to additional states in the region. It will also facilitate inter-state cooperation, coordination of analytical training, and communication with Federal partners. Such a partnership will serve as a national model of a laboratory network that crosses state boundaries. Wisconsin thanks CDC not only for its past support, but also for its thoughtful consideration of this proposal.

Sincerely,

A handwritten signature in black ink, appearing to read 'Helene Nelson', is written over a horizontal line.

Helene Nelson
Secretary

CC: Ronald Laessig, Ph.D. – Director, Wisconsin State Laboratory of Hygiene
Mary Gilchrist, Ph.D. – Director, Iowa Hygienic Laboratory
Norman Crouch, Ph.D. – Director, Minnesota Public Health Laboratory

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**Iowa – Minnesota – Wisconsin
State Public and Environmental Health Laboratories**

Andrea Lipman
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Centers for Disease Control
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RE: Request for CDC Support of State-Funded Level I Chemical Terrorism Laboratories

Dear Andrea, Alison, Stefan, and Eric:

The Upper Midwest states of Iowa, Minnesota, and Wisconsin are proposing a novel collaborative approach to achieve advanced Level I Chemical Laboratory capability. We need to be able to respond to acts of chemical terrorism in this region and to increase markedly the national surge capacity of the CDC. For this approach, each state is submitting an independent proposal for the 2006 Cooperative Agreement to move its respective public health laboratory to Level I status. Knowing that new funding for additional Level I laboratories is currently unavailable from the CDC through the 2006 Cooperative Agreement, each of our three state public health laboratories is proposing to use some combination of allocated funding for this purpose. Depending on the respective state, this may include a combination of 2006 Cooperative Agreement funding, carry over cooperative agreement funds, and where possible a commitment of internal, non-cooperative agreement state resources.

Through this approach, each participating state will attain Level I designation through equipment, staffing, and training equity in compliance with CDC specifications. By working in collaboration, our three states will be able to enhance our collective analytical expertise and share testing responsibilities in the face of an emergency. This approach will leverage resources and provide capacity to additional states in the region. It will facilitate inter-state cooperation, coordination of analytical training, and communication with Federal partners.

We will be asking the CDC to help our States' Laboratories achieve status in two ways. First we need only a minimal commitment of CDC resources – namely training and proficiency testing. In view of the demonstrated capabilities of our Level II laboratories and our staff we feel we are asking for only a small CDC investment for a significant national return. Secondly, we are requesting formal Level I status designation by CDC as each state meets the requisite criteria.

There is already a strong historical basis for this collaborative approach among our three states. For the past few years our laboratories have worked together closely as a consortium for the planning and future implementation of regional biomonitoring efforts which involve instrumentation and staff expertise similar to that required for chemical terrorism preparedness and response. A highly effective, proven partnership is already in place.

Raising the capability of our three state public health laboratories to Level I through this collaborative approach will increase the CDC national surge capacity by more than 50%, from five to eight laboratories, at a minimal cost. All that is needed from the CDC to accomplish this goal is an appropriate level of support to provide each of our three states with required technical training and access to a robust proficiency testing program. We believe this is a meritorious concept that may serve as a model for future expansion of chemical terrorism preparedness nationwide. Your consideration of this new approach by our three states is greatly appreciated.

Sincerely,



Mary Gilchrist, Ph.D.
Director, Iowa Hygienic Laboratory



Norman Crouch, Ph.D.
Director, MN Public Health Laboratory



Ronald H. Laessig, Ph.D.
Director, WI State Laboratory of Hygiene

Supplemental Information for Level One chemical laboratory capacity

The collaborative agreement between the Wisconsin, Minnesota, and Iowa state public health laboratories each becoming a Level One chemical laboratory will provide:

- Increased chemical testing capability in each State to respond to public health emergency events including chemical terrorism, industrial accidents, spills and natural disasters;
- Increased chemical testing capability for biomonitoring and other “full use” applications;
- A 50% increase in national surge capacity for CDC to respond to chemical terrorism (by increasing the number of Level One laboratories from six to nine);
- Added regional laboratory capacity to share testing responsibilities in an emergency;
- Expanded research resources for CDC to enable more rapid development of new test methods for national preparedness;
- Expanded staff expertise to assist CDC in training and problem solving on a regional and national level;
- Collaborations with other regional States such as North Dakota and South Dakota;
- The potential to respond to catastrophes in high density population areas such as Minneapolis/St. Paul, Milwaukee, Chicago, Kansas City, St. Louis, Omaha and Des Moines;
- Provide continuity of operation because of our geographical distance in the event of a catastrophe at the population and commerce centers that are located on the east and west coasts;
- Availability of state-of-the art laboratory facilities in Iowa, Minnesota, and Wisconsin to provide surge capacity, method development, and technology transfer for national preparedness and response;
- Enhancement of partial Level One laboratory capacity, recognizing that Iowa, Minnesota and Wisconsin are already proficient in ricinine analysis (a Level One method).

Centers for Disease Control and Prevention
Public Health Preparedness and Emergency Response for Bioterrorism
Program Announcement 99051
Cooperative Agreement Work Plan -- Budget Year 2005
Report Date: 7/13/2005
Grantee: Wisconsin

G1: Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.

1A: All Hazards Planning: Emergency response plans, policies, and procedures that identify, prioritize, and address all hazards (using the 15 National Planning Scenarios as a guide to identify or recognize the roles and responsibilities for each jurisdiction/agency) across all functions. All plans are coordinated at all levels of government and address the mitigation of secondary and cascading emergencies.

Critical Task 1: Support incident response operations according to all-hazards plan.

Grantee Activity: (1A::CT1) By August 30, 2006, the Wisconsin Public Health System (including the Division of Public Health, Local Public Health Departments, the Wisconsin Laboratory Response Network and other partners) will maintain and update written all-hazards emergency response plans covering chemical, biological and radiological agents that are NIMS and NRP compliant. By August 30, 2006, DPH will support incident response operations according to all-hazards planning: 1) by coordination of and participation in: the Public Health Council and Subcommittee meetings with the purpose to advise DHFS, the governor, the legislature and the public on progress in implementing Wisconsin's 10-year public health plan and coordination of responses to public health emergencies; Preparedness Consortia meetings/teleconferences for Consortia Fiscal Agents, Program Coordinators, Consortia Staff and Contract Specialists to coordinate PHP program activities and achievement of contract objectives; 2) by providing planning and training to address the unique needs of special populations in public health threats and emergencies through the Community Coalition; 3) by planning, coordinating, hosting, and evaluating the annual public health and hospital preparedness statewide conference.

Est. Completion
2006/08/30

Current Capacity

(1A::CT1) The Division of Public Health, Local Public Health Departments, and the Wisconsin Laboratory Response Network completed comprehensive all-hazards planning in 2005. Public Health Emergency Plans (PHEP) are appended to state and local emergency management emergency operations procedures. DPH provides in-kind support to coordinate the Public Health Council and Subcommittees. DPH supports key staff that participate in the Consortia and Hospital Region preparedness meetings as required. DPH supports a Community Coalition of community based organizations coordinated through the Division of Disability and Elder Services. DPH has planned and implemented the previous two public health and hospital preparedness conferences.

Evaluation Plan

(1A::CT1) Exercising and revising all hazards emergency plans based on after action reports. Ongoing assessment to identify training needs, development and coordination of training, using the TRAIN LMS to track training, evaluating training through pre and post tests, exercises, and drills. Documentation of participants of meeting and posting of meeting minutes. Evaluating the annual public health and hospital preparedness statewide conference through surveys.

Critical Task 2: Improve regional, jurisdictional, and state all-hazard plans to support response operations in accordance with NIMS and the National Response Plan.

Grantee Activity: See Critical Task 2a and 2b.

Est. Completion
2006/08/30

Current Capacity
See Critical Task 2a and 2b.

Evaluation Plan
See Critical Task 2a and 2b.

Critical Task 2a: Increase participation in jurisdiction-wide self-assessment using the National Incident Management System Compliance Assessment Support Tool (NIMCAST).

Grantee Activity: 1A.CT2a) By August 30, 2006, DPH will evaluate our need to establish a NIMCAST baseline and conduct an assessment to the extent necessary that is not covered by WEM or the WSLH. DPH will coordinate with WEM to assure participation of local public health departments and Tribes. The WSLH will participate in jurisdiction-wide self-assessment using the National Incident Management System Compliance Assessment Support Tool. (NIMCAST).

Est. Completion
2006/08/30

Current Capacity
1A.CT2a) National Incident Management System – Office of Homeland Security requires all federal grantees to establish a NIMS baseline by 12/31/2005. Local emergency management will conduct their own assessment and track their compliance.

Evaluation Plan
1A.CT2a) Ongoing assessment of ICS/NIMS training needs to develop appropriate training plan. Participation in training will be documented. End of course evaluations will be used to test if instructional objectives were met. Evaluation instruments include tests, observations, checklists, tabletop and functional exercises.

Critical Task 2b: Agency's Emergency Operations Center meets NIMS incident command structure requirements to perform core functions: coordination, communications, resource dispatch and tracking and information collection, analysis and dissemination

Grantee Activity: 1A.CT2b) By August 30, 2006, DPH will conduct refresher and advanced ICS and EOP training to the County/Tribal Health and Human Services Agencies. DPH will continue to conduct annual exercises of an all-hazard integrated emergency response plan. The WSLH will maintain its Emergency Operations Center to meet NIMS incident command structure requirements to perform core functions: coordination, communications, resource dispatch and tracking and information collection, analysis and dissemination.

Est. Completion
2006/08/30

Current Capacity
1A.CT2b) The DPH has provided ICS and EOP training to LHDs and Tribes in 2004-05. DPH staff are also being trained on NIMS and EOP.

Evaluation Plan
1A.CT2b) Ongoing assessment of ICS/NIMS/EOP training needs to develop appropriate training plan. Participation in training will be documented. End of course evaluations will be used to test if instructional objectives were met. Evaluation instruments include tests, observations, checklists, tabletop and functional exercises.

Critical Task 3: Increase the number of public health responders who are protected through Personal Protective Equipment (PPE), vaccination or prophylaxis.

Grantee Activity: See Critical Task 3a.

Est. Completion
2006/08/30

Current Capacity
See Critical Task 3a.

Evaluation Plan
See Critical Task 3a.

Critical Task 3a: Have or have access to a system that maintains and tracks vaccination or prophylaxis status of public health responders in compliance with PHIN Preparedness Functional Area Countermeasure and Response Administration.

Grantee Activity: 1A.CT3a) By August 30, 2006 DPH will enhance its system that tracks vaccination or prophylaxis status that is PHIN compliant: 1) by modifying the WIR so they are compatible with the PVS standards and can interoperate; 2) by developing a pilot for SPHERE for remote/off-site use (as in mass clinics), provide code so that similar processes can be completed with other applications, and the pilot may expand to include WIR and Casepoint; 3) by planning for PHIN integrated data repository functionality; 4) by completing a person record linking proof-of-concept by August 30, 2006. • Proof-of-concept will link records from the Wisconsin Immunization Registry (WIR) and the SPHERE system (supporting Maternal and Child Health) in a common portal developed by the Wisconsin Regional Health Information Exchange RHIO. • Matching software to be considered to include that used in the Wisconsin Immunization Registry (WIR), the model being developed by Connecting for Health, and proprietary offerings such as from SAS. • Coordinate or integrate with comparable functionality in

the WIPHIN AVR/IDR (Analysis, Visualization, Reporting/Integrated Data Repository) Shared Service.

Est. Completion
2006/08/30

Current Capacity

1A.CT3a) WIR provides statewide immunization status for all WI residents, including public health responders. Currently do not have capability for hand-held data access or capture from system. WIR does have some data sharing but does not have an efficient way to share with other systems. SPHERE, TRAIN and WeTRAC have access through PHIN. Wisconsin has a robust immunization tracking system for all citizens including public health responders. Linking its data with other relevant status information requires custom efforts.

Evaluation Plan

1A.CT3a) Successful completion of testing and evaluation of sharing data at the PHIN level between applications.

Critical Task 4: Increase and improve mutual aid agreements, as needed, to support public health response.

Grantee Activity: 1A.CT4) By August 30, 2006 the Wisconsin Public Health System will continue to test and exercise their Mutual Aide agreements and create a HAN mutual aid topic area with mutual aid / NIMS response mapping for optional posting and viewing of shared local agreements.

Est. Completion
2006/08/30

Current Capacity

1A.CT4) Act 186 Mutual Aide Legislation requires all local agencies to define mutual aide, Consortia are required to test Mutual Aide agreements in their exercises. Mutual Aide process is detailed in the DPH PHEP.

Evaluation Plan

1A.CT4) Publication of Mutual Aid Topic area on HAN. Local Public Health Departments completion of an exercise testing mutual aid and compilation of an after action report documenting changes needed in Mutual Aid agreements as well as issues to be retested in future exercises.

Critical Task 5: Increase all-hazard incident management capability by conducting regional, jurisdictional and State training to: Include the Emergency Management Independent Study Program, IS 700, "National Incident Management System: An Introduction" in the training plan for all staff expected to report for duty following activation of the public health emergency response plan and/or staff who have emergency response roles documented in their job descriptions.

Grantee Activity: 1A.CT5a) By August 30, 2006 conduct and/or provide access to NIMS training and ICS refresher and advance training to locals, tribes, state staff, and LRN reference laboratories as needed. Participation and evaluation of training will be tracked via the Wisconsin TRAIN (WI-TRAIN) LMS. Other preparedness and other public health related training will be coordinated based upon recommendations from the Wisconsin Education and Training Advisory Committee (EdTRAC). EdTRAC has been established as the statewide collaborative information and education network for workforce preparation, support of current practice and continuing education and is facilitated by the Area Health Education Centers (AHEC) on behalf of the Division of Public Health.

Est. Completion
2006/08/30

Current Capacity

1A.CT5a) DPH has delivered ICS training to LHDs and Tribes and is currently providing ICS and NIMS training to DPH and WSLH staff. EOP exercise and design based on recommendations from 2005 preparedness training assessment. DPH currently uses the Training-finder Real-time Affiliated Integrated Network (TRAIN) to track and record ICS, NIMS and other training completed.

Evaluation Plan

1A.CT5a) Ongoing assessment of training needs to develop appropriate training plan for ICS and NIMS training. Participation in training will be documented and tracked via TRAIN. End of course evaluations will be used to test if instructional objectives were met. Evaluation instruments include tests, observations, checklists, tabletop and functional exercises.

Critical Task 6: Provide support for continuity of public health operations at regional, State, tribal, local government, and agency level

Grantee Activity: (1A::CT6) By January 1, 2006, the Division of Public Health will provide continued funding through negotiated contracts for the 12 Public Health Preparedness Consortia, Local Health Departments, Tribes, and the Great Lakes Inter-Tribal Council (GLITC) for exercising emergency response and pharmaceutical mass distribution, epidemiology, training, and communication of the public health and tribal workforce to respond to public health threats and emergencies. By August 30, 2006, the Division of Public Health will coordinate comprehensive business continuity plans for public health systems: 1) by integrating upgraded Wisconsin Department of Health and Family Services and Wisconsin State Laboratory of Hygiene (WSLH) continuity of operations plans (COOP) and continuity of government (GOG) plans to guide operations during a public health emergency; 2) by providing COOP/GOG templates to local health departments and laboratories to develop COOP/COG plans for their agencies; 3) by ensuring the WSLH requires documentation of a COOP to guide Laboratory Response Network (LRN) Reference Laboratory operations during a public health emergency by the Milwaukee Health Department Laboratory and the Marshfield Clinics Research Foundation to ensure their ability to carry out LRN Reference Laboratory functions; 4) by ensuring the University of Wisconsin Department of Information Technology (UW-DoIT) provides 29/7/365

availability for critical Public Health Information Network (PHIN) systems, multimodal communications support, and a comprehensive information security plan; and 5) by providing templates and training on COOP/COG to local health departments, local human services departments and tribes.

Est. Completion
2006/08/30

Current Capacity

(1A::CT6) The Division of Public Health (DPH) currently provides greater than fifty percent of all federal public health preparedness funds to support local health department preparedness tasks. DPH, local health departments, tribes and hospitals have completed uniform all-hazard emergency plans in place and exercised annually. DPH/DHFS currently have COOP/COG plans in place that include off-site emergency re-location; the WSLH is in the process of developing their COOP/COG plans. It is unknown to DPH how many local health departments and tribes have COOP/COG plans in place at this time, but all state and local agencies were required to do continuity planning as part of Y2K. UW-DoIT has full PHIN backup and off-site backup servers and agreements in place.

Evaluation Plan

(1A::CT6) DPH will provide 50% of Preparedness funding to local public health departments and tribes. Achievement of negotiated Preparedness Objectives, completion of assessments, exercises and training will be monitored through the WI Grants and Contract System.

G2: Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.

2A: Information Collection and Threat Recognition: Locally generated public health threat and other terrorism-related information is collected, identified, provided to appropriate analysis centers, and acted upon as appropriate.

Critical Task 1: Increase the use of disease surveillance and early event detection systems

Grantee Activity: See Critical Tasks 1a - 1e.

Est. Completion
2006/08/30

Current Capacity

See Critical Tasks 1a - 1e.

Evaluation Plan

See Critical Tasks 1a - 1e.

Critical Task 1a: Select conditions that require immediate reporting to the public health agency (at a minimum, Category A agents)

Grantee Activity: 2A.CT1a) This activity is completed.

Est. Completion
2005/08/31

Current Capacity

2A.CT1a) Category A agents, in addition to other conditions, must be reported immediately under Wisconsin law. The Wisconsin 4151 (attached) form lists all reportable diseases and the timeframe in which they must be reported.

Evaluation Plan

2A.CT1a) N/A

Critical Task 1b: Develop and maintain systems to receive disease reports 24/7/365

Grantee Activity: 2A::CT1b) By August 30, 2006, begin implementation of the Wisconsin Electronic Disease Surveillance System (WEDSS), and by January 31, 2006, select a system to install. This system will automate local functions including case management and reporting of notifiable communicable diseases and environmental events, and will incorporate the laboratory reports sent electronically from both sentinel and confirmatory laboratories.

Est. Completion
2006/08/30

Current Capacity

2A::CT1b) Epidemiologists for both communicable diseases and environmental incidents are on call 24/7/365 and receive all calls for conditions requiring immediate reporting, queries, and general information. Reports are received by phone/fax/mail, but not web-based yet.

Evaluation Plan

2A::CT1b)WI DPH will select, acquire and install an electronic disease surveillance system for statewide use by state and LHD.

Critical Task 1c: Have or have access to electronic applications in compliance with Public Health Information Network (PHIN) Preparedness Functional Area Early Event Detection to support: 1) Receipt of case or suspect case disease reports 24/7/365, 2) Reportable diseases surveillance, 3) Call triage of urgent reports to knowledgeable public health professionals, 4) Receipt of secondary use health-related data and monitoring of aberrations to normal data patterns.

Grantee Activity: (2A::CT1c) By August 30, 2006, working in cooperation with Do-IT, public health partners and WSLH, begin implementation of the Wisconsin Electronic Disease Surveillance System (WEDSS), and by January 31, 2006 select a system to install. The system will automate local functions including case management and reporting of notifiable communicable diseases and environmental events. Candidate systems are the NEDSS Base System, the Wisconsin SHERE (Maternal and Child Health system), and key public domain and commercial systems. By August 30, 2006, develop and pilot a shared service in the Wisconsin PHIN that provides analysis, visualization and reporting (AVR) functionality for all participating Program Area Modules (PAMs) and datasets. Plan a complementary WiPHIN shared integrated data repository (IDR) service that links and stages participating datasets for analysis. The AVR/IDR strategy will: 1) Link files for analysis, such as hospital inpatient, birth, death, ambulance runs, trauma registry, cancer, Medicaid, physician office visits and laboratory data from WSLH; 2) Establish data standards to facilitate record linking and analysis, such as taxonomy of organizations and providers; 3) Provide a website for analysis of files using software of varying power and sophistication; and 4) Provide through the website fixed reports and easy-to-use ad hoc reports for the public and restricted access for more complicated reporting and confidential data. By August 31, 2006, 1) Determine Wisconsin's AVR/IDR requirements; 2) Develop the architecture for Wisconsin's AVR/IDR shared service; 3) Select, acquire, install and pilot AVR software; 4) Develop a standard taxonomy of organizations and providers; and 5) Implement easy-to-use reports for the public on cancer, hospital inpatient, and behavioral risk data. By August 31, 2006, develop a proof of concept for real-time linking of person records across disparate systems: 1) Proof-of-concept will link records from the Wisconsin Immunization Registry (WIR) and the SPHERE system (supporting Maternal and Child Health) in a common portal developed by the Wisconsin Health Information Exchange RHIO; 2) Matching software to be considered include that used in the Wisconsin Immunization Registry (WIR), the model being developed by Connecting for Health, and proprietary offerings such as from SAS; 3) Coordinate or integrate with comparable functionality in the WiPHIN AVR/IDR (Analysis, Visualization, Reporting/Integrated Data Repository) Shared Service. The following Reference Labs will be assessed for differences in PHIN certification: By January 2006 WSLH, by August 2006 Marshfield and by January 2007 Milwaukee. Design a Network Messaging Service that will support batch and real-time secure data transfer and be compliant with PHIN-MS, HL7 and ebXML. By August 1, 2006, the DHFS call center will be integrated with the HAN component of PHIN. An on-line case intake form will be placed into production for call center staff for review and response by on-call public health staff. On-call DPH staff will manage the Command Caller Subsystem by triaging incoming cases and activating CC responder scenarios for each event on a 24/7/365 basis. After action case status reports will be filed into the online case intake form. Activities will be analyzed by the AVR PHIN service component.

Est. Completion
2006/08/30

Current Capacity

(2A::CT1c) Local public health entities currently report predominantly on paper. The three reference labs report electronically. The state entity reports to CDC electronically. Individual datasets can be analyzed by experts using SAS. Cross-dataset analysis requires custom linkages. Capabilities for visualization, modeling and forecasting are limited and not readily accessible to all analysts who could use them. A comprehensive real-time view of patient data across operational systems is not available. Reference labs are reporting notifiable conditions to DPH electronically but can not readily electronically communicate between themselves or other than notifiable conditions to DPH. Currently, the three reference laboratories are reporting a set of laboratory data to public health agency in an electronic format. However, the current system does not meet all PHIN certification standards. Not all reference laboratories have HL7 compliant databases or communication modes. Therefore, data readiness, especially at Milwaukee, will need to precede PHIN readiness. Marshfield has a EMR context that generates HL7 data; but DPH, DO-IT and WSLH have to acquire a robust HL7 or Health Collaborative Network environment to have PHIN compliant system. Data integration and access across WSLH various laboratory databases is difficult, laborious and with many other legacy systems developed in isolation – fraught with errors. Various past

Evaluation Plan

(2A::CT1c)WI DPH will select, acquire and install an electronic disease surveillance system for statewide use by state and LPHD. WI DPH will design and pilot an analysis visualization and reporting capability with PHIN. Design and determine a record linking strategy. WSLH will meet PHIN certification requirements.

efforts at the construction of data warehouses or meta data structures have all been problematic due to the multitude and complexity of the various databases. A different approach using Service Oriented Architecture (SOA) that uniquely maps and accesses data in different databases rather than attempting to combine them or unify their identity is the approach under consideration. This eliminates the need to either restructure existing databases or create new ones. WI maintains a 24/7/365 number for urgent reporting and DPH staffs on-call professionals to triage incoming cases. The WI HAN can blast fax, page, email, and call 2000 public health responders in 20 minutes. But staffing and these systems are not integrated.

Critical Task 1d: Develop and maintain protocols for the utilization of early event detection devices located in your community (e.g., BioWatch)

Grantee Activity: (2A::CT1d) By August 30, 2006, at least three new sources of local data will become part of Biosense, thus providing Wisconsin-specific data to the national database. By August 30, 2006, at least three local early event detection activities will be funded for consortia with epidemiologists, building on local activities already in progress and allowing locally-meaningful data to be collected, analyzed, and used. By August 30, 2006, an evaluation of a "dashboard" for display, analysis, and reporting of early event detection activities around Wisconsin will be complete.

Est. Completion
2006/08/30

Current Capacity
(2A::CT1d) Biowatch is in place in Milwaukee, WI, and the results will shortly (according to CDC) be available via the Biosense system. Many state and local health department staff have access to Biosense. A pilot early event detection system using outpatient ICD9 codes analyzed by the Marshfield Clinic Research Foundation has been in effect for more than one year, and evaluation of the system is in progress. The BDS has been installed in seven WI communities, and response protocols developed with Emergency Management, Hazmat, police, fire, laboratory, and public health in collaboration with the USPS.

Evaluation Plan
(2A::CT1d) At least three sources of local WI data will be available to Biosense.

Critical Task 1e: Assess timeliness and completeness of disease surveillance systems annually

Grantee Activity: (2A::CT1e) By August 30, 2006, create and put into place a system for routine evaluation of timeliness and completeness of reporting, and method of periodically assessing underreporting of specific diseases. By August 30, 2006, complete an evaluation comparing at least 4 months of electronic reporting to paper reporting of notifiable conditions.

Est. Completion
2006/08/30

Current Capacity
(2A::CT1e) An analysis comparing the completeness and timeliness for electronic vs. paper reporting of four conditions has been completed. By August, 2006, data will have been received to evaluate the timeliness and completeness of all notifiable conditions in Wisconsin.

Evaluation Plan
(2A::CT1e) A report of the evaluation of four months of electronic reporting and a plan for routine evaluation will be available on the PHIN.

Critical Task 2: Increase sharing of health and intelligence information within and between regions and States with Federal and local and tribal agencies.

Grantee Activity: See Critical Tasks 2a - 2b.

Est. Completion
2006/08/30

Current Capacity
See Critical Tasks 2a - 2b.

Evaluation Plan
See Critical Tasks 2a - 2b.

Critical Task 2a: Improve information sharing on suspected or confirmed cases of immediately notifiable conditions, including foodborne illness, among public health epidemiologists, clinicians, laboratory personnel, environmental health specialists, public health nurses, and staff of food safety programs

Grantee Activity: (2A::CT2a) By August 30, 2006, the WSLH will establish contacts with state public health laboratories in bordering states to identify, prioritize, and collaborate on laboratory issues related to public health. By August 30, 2006, in collaboration with the enteric disease epidemiologists and food safety staff at DPH, WSLH, and DATCP, explore, plan, and create data specifications for data sharing regarding enteric diseases in WI; use the data specifications above to design a data-sharing system with UW-DoIT, DPH, WSLH, and DATCP; and explore establishing relational databases that cover food security data from farm to table. By August 30, 2006, continue and expand clinician notification of visits for notifiable conditions, to include a) all DFM clinics b) website with local, regional, and state data as provided by DPH and practice-specific data as provided by UW Dept of Family Medicine. By August 30, 2006, provide a template, coding, and a summary of experiences with implementation for other clinical groups to begin internal notification for reportable conditions. By August 31, 2006 develop and implement in at least five reporting laboratories a comprehensive quality assurance and certification program for electronic reporting.

Est. Completion

2006/08/30

Current Capacity

(2A::CT2a) Currently, there is no standardized electronic sharing of data between bordering states in upper Midwest nor communication to neighboring Canadian provinces. Currently both Wisconsin and Minnesota are participating in APHL/CDC funding to advance environmental laboratory networks. Wisconsin has assisted Minn. in development of E. coli testing procedures training materials using media-site-live, professional production and web based testing. Wisconsin has been in discussions with Minn. and Iowa concerning a joint proposal to CDC for level I chemical lab status. Support for a comprehensive database for food safety has been provided for the past three years to the Dept. of Agriculture, Trade, and Consumer Protection. By August 30, 2006, this database will be fully implemented, and ready to begin data sharing with DPH and WSLH. A web-based reporting system for restaurant inspections and licensing has been established. A pilot study of the effect of internal email notification of reportable patient visits upon the reporting of notifiable conditions is ongoing at the UW Department of Family Medicine. The pilot study of four local clinics will be complete by August 30, 2006, and will inform the expansion of the pilot to the remaining 25+ clinics within the system. Currently, DPH has made an agreement with a set of Wisconsin sentinel laboratories to transmit reportable conditions to the state via the Wisconsin Notifiable Conditions Electronic Laboratory Reporting (WNCELRL) system. A sub set of those have completed this task; but only WSLH has a QA dimension to reporting.

Evaluation Plan

(2A::CT2a) An MOU delineating data to be shared for food safety will be drafted and evaluated by all partners. A summary of the clinician notification pilot study, and recommendations for expansion or alteration, will be complete and on the PHIN. A certification program for electronic laboratory reporting will be defined, and tested in at least five laboratories.

Critical Task 2b: Maintain secret and/or top secret security clearance for the state health official, local health officials, preparedness directors, and preparedness coordinators to ensure access to sensitive information about the nature of health threats and intelligence information

Grantee Activity: (2A::CT2b) By August 30, 2006, DPH and WSLH will maintain secret level security clearance for selected staff.

Est. Completion

2006/08/30

Current Capacity

(2A::CT2b) DPH and WSLH were notified by the FBI that five positions hold approved secret security clearance, although we have not been informed what that means or if there is information that is or is not being shared. The positions are the Director of Emergency Laboratory Response, the State Health Officer, the State Epidemiologist, the DPH Public Health Preparedness Director, and the DPH Hospital Preparedness Director. According to CDC, not all of these positions have been cleared or even have paperwork. DPH and WSLH will continue to work with HHS to resolve the discrepancy.

Evaluation Plan

(2A::CT2b) DPH will document all staff secret level security clearance status.

Critical Task 3: Decrease the time needed to disseminate timely and accurate national strategic and health threat intelligence.

Grantee Activity: See Critical Tasks 3a - 3d.

Est. Completion
2006/08/30

Current Capacity
See Critical Tasks 3a - 3d.

Evaluation Plan
See Critical Tasks 3a - 3d.

Critical Task 3a: Maintain continuous participation in CDC's Epidemic Information Exchange Program (Epi-X).

Grantee Activity: (2A::CT3a) By August 30, 2006, DPH will facilitate the annual Wisconsin test of CDC's Epidemic Information Exchange Program (Epi-X). DPH will evaluate user response time and any training needs related to the system. DPH will maintain current participation in Epi-X; add preparedness consortium epidemiologists and local communicable disease staff to the Epi-X system.

Est. Completion
2006/08/30

Current Capacity
(2A::CT3a) DPH currently participates in CDC's Epi-X program. The first annual test of the system was conducted in 2004. The 2005 test is scheduled to be conducted in July.

Evaluation Plan
(2A::CT3a) Annual test will report WI users and their response times

Critical Task 3b: Participate in the Electronic Foodborne Outbreak Reporting System (EFORS) by entering reports of foodborne outbreak investigations and monitor the quality, completeness or reports and time from onset of illnesses to report entry.

Grantee Activity: (2A::CT3b) By August 30, 2006, WI will maintain current participation in EFORS.

Est. Completion
2006/08/30

Current Capacity
(2A::CT3b) Wisconsin is an active participant in EFORS.

Evaluation Plan
(2A::CT3b) WI will maintain participation in EFORS.

Critical Task 3c: Perform real-time subtyping of PulseNet tracked foodborne disease agents. Submit the subtyping data and associated critical information (isolate identification, source of isolate, phenotype characteristics of the isolate, serotype, etc) electronically to the national PulseNet database within 72 to 96 hours of receiving the isolate in the laboratory.

Grantee Activity: (2A::CT3c) By August 30, 2006, the WSLH will maintain the capability and capacity to submit PFGE data and associated information electronically to the PulseNet database within 96 hours of receiving the isolate in the laboratory for all cases involving outbreak response. By August 30, 2006, WI will continue current participation in PulseNet, and will provide access and training to local health departments as new "public" site for assessing links between samples becomes available from PulseNet/CDC.

Est. Completion
2006/08/30

Current Capacity
(2A::CT3c) Wisconsin is an active participant in PulseNet, both at the WSLH and at DPH.

Evaluation Plan
(2A::CT3c) WI will maintain Pulsenet participation. Training for sentinel laboratories will be available on the PHIN in the event that "public" access to Pulsenet is allowed by CDC.

Critical Task 3d: Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area Partner Communications and Alerting.

Grantee Activity: (2A::CT3d) By August 30, 2006, the Command Caller and public health directory subsystems will be modified to meet the PHIN functional requirements of partner communications and alerting. They must send, receive, and manage "call-down" and "blast" communications and alerts on a 24/7/365 basis to key stakeholders. It must securely exchange communications and alerts with other jurisdictions and organizations based on the communication capabilities of the receiving jurisdiction or organization. It must securely exchange public health directory information with public health partners. Compliance with PHIN PCA requirements will be assessed.

Est. Completion
2006/08/30

Current Capacity
(2A::CT3d) Wisconsin currently operates a PHIN that contains a HAN subsystem and directory for rapidly notifying stakeholders using multiple forms of communication during public health emergencies. A blast fax system is in place and has been tested for alerting physicians that have not

Evaluation Plan
(2A::CT3d) WI will have piloted cascading alerts and directory exchanges with at least one other jurisdiction.

2B: Hazard and Vulnerability Analysis: Jurisdiction-specific Hazards are identified and assessed to enable appropriate protection, prevention, and mitigation strategies so that the consequences of an incident are minimized.

Critical Task 1: Prioritize the hazards identified in the jurisdiction hazard/vulnerability assessment for potential impact on human health with special consideration for lethality of agents and large population exposures within 60 days of cooperative agreement award

Grantee Activity: (2B::CT1) Within 60 days of the cooperative agreement award, DPH will prioritize the hazards identified in the most recent hazard/vulnerability assessment conducted by the state Homeland Security office for potential impact on human health with special consideration for lethality of agents and large population exposures.

Est. Completion
2005/11/01

Current Capacity

(2B::CT1) Wisconsin's Office of Justice Assistance, the state's Homeland Security office is currently conducting the most recent hazard/vulnerability statewide assessment with state agencies, including Emergency Management. If this assesment is not completed within 60 days of the cooperative agreement award, a previous hazard/vulnerability assessment will be used.

Evaluation Plan

(2B::CT1) DPH will document all health hazards prioritized for potential impact on human health with special consideration for lethality of agents and large population exposures.

Critical Task 2: Decrease the time to intervention by the identification and determination of potential hazards and threats, including quality of mapping, modeling, and forecasting.

Grantee Activity: (2B::CT1) By August 30, 2006, develop and pilot a shared service in the Wisconsin PHIN that provides analysis, visualization and reporting (AVR) functionality for all participating PAMs and datasets. Plan a complementary WIPHIN shared integrated data repository (IDR) service that links and stages participating datasets for analysis. The AVR/IDR strategy will: 1) Link files for analysis, such as hospital inpatient, birth, death, ambulance runs, trauma registry, cancer, Medicaid, physician office visits; 2) Establish data standards to facilitate record linking and analysis, such as taxonomy of organizations and providers; 3) Provide a website for analysis of files using software of varying power and sophistication; 4) Provide through the website fixed reports and easy-to-use ad hoc reports for the public and restricted access for more complicated reporting and confidential data. By August 31, 2006, 1) Determine Wisconsin's AVR/IDR requirements; 2) Develop the architecture for Wisconsin's AVR/IDR shared service; 3) Select, acquire, install and pilot AVR software; 4) Develop a standard taxonomy of organizations and providers; 5) Implement easy-to-use reports for the public on cancer, hospital inpatient and behavioral risks data.

Est. Completion
2006/08/30

Current Capacity

(2B::CT1) Individual datasets can be analyzed by experts using SAS. Cross-dataset analysis requires custom linkages. Capabilities for visualization, modeling and forecasting are limited and not readily accessible to all analysts who could use them.

Evaluation Plan

(2B::CT1) WI DPH will design and piloted an analysis visualization and reporting capability with PHIN

Critical Task 3: Decrease human health threats associated with identified community risks and vulnerabilities (i.e., chemical plants, hazardous waste plants, retail establishments with chemical/pesticide supplies).

Grantee Activity: (2B::CT2) By August 30, 2006, using the multiple surveys already completed which identified community risks and vulnerabilities, work with consortia preparedness planners and LHD's to identify preventive measures, early event identification methods, and plans for remediation for these hazards.

Est. Completion
2006/08/30

Current Capacity

(2B::CT2) A list of chemicals that pose the most likely potential to be used in a terrorist or emergency event in WI was created in an effort to determine what chemicals are present in WI, and which ones pose a threat if used as a toxic weapon. This list is based on chemical storage and spills

Evaluation Plan

(2B::CT2) DPH will maintain, update, and distribute the list of chemicals that pose the most likely potential to be used in a terrorist or emergency event in WI. Local health departments will have plans for remediation for hazards found in their region.

data for the state. The capability and capacity for testing chemicals that may be used in a terrorist act or emergency event was then assessed by working closely with the WSLH.

Critical Task 4: Through partners increase the capability to monitor movement of releases and formulate public health response and interventions based on dispersion and characteristics over time.

Grantee Activity: (2B::CT3) By August 30, 2006, the Division of Public Health will work with the consortia to establish HSEES surveillance, follow-up, and data monitoring for trends in Green Bay and Milwaukee areas, followed by an effort to make the surveillance, follow-up, and data monitoring statewide.

Est. Completion
2006/08/30

Current Capacity

(2B::CT3) Hazardous Substance Emergency Event Surveillance (HSEES) has been in place in Wisconsin for several years. Expansion of the responsibilities for follow up to allow local epidemiologists to participate has begun during 2005 and will continue.

Evaluation Plan

(2B::CT3) Local health departments using HSEES will maintain and update summary of HSEES events for their region and post information on the summary of HSEES events for their region and post information on the local health department webpage.

G3: Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food or environmental samples that cause threats to the public's health.

3A: Laboratory Testing: Potential exposure and disease will be identified rapidly, reported to multiple locations immediately, and accurately confirmed to ensure appropriate preventive or curative countermeasures are implemented. Additionally, public health laboratory testing is coordinated with law enforcement and other appropriate agencies.

Critical Task 1: Increase and maintain relevant laboratory support for identification of biological, chemical, radiological and nuclear agents in clinical (human and animal), environmental and food specimens.

Grantee Activity: See Critical Tasks 1a - 1i.

Est. Completion
2006/08/30

Current Capacity

See Critical Tasks 1a - 1i.

Evaluation Plan

See Critical Tasks 1a - 1i.

Critical Task 1a: Develop and maintain a database of all sentinel (biological)/Level Three (chemical) labs in the jurisdiction using the CDC-endorsed definition that includes: (Name, contact information, BioSafety Level, whether they are a health alert network partner, certification status, capability to rule-out Category A and B bioterrorism agents per State-developed proficiency testing or CAP bioterrorism module proficiency testing and names and contact information for in-state and out-of-state reference labs used by each of the jurisdiction's sentinel/Level Three labs).

Grantee Activity: (3A::CT1a) Throughout the grant period, the Wisconsin State Laboratory of Hygiene will expand and maintain the current database of sentinel/Level Three laboratories by: 1) incorporating information on HAN participation, bioterrorism proficiency exercise participation, certification status, and biosafety level (HRSA funding); 2) maintaining the WSLH capabilities as the only Level Three laboratory in Wisconsin; 3) maintaining and expanding the partnership with the Minnesota, Iowa, North Dakota, and South Dakota public health laboratories; 4) maintaining and updating a list of out-of-state Level Three Laboratories used by Wisconsin during a chemical terrorism event.

Est. Completion

2006/08/30

Current Capacity

(3A::CT1a) The WSLH currently maintains a database of clinical laboratories (n=137) that includes name, primary and secondary contacts, participation in CAP bioterrorism module proficiency testing, diagnostic testing capabilities and reference laboratories used (in-state and out-of-state). The WSLH currently is the only Level Three laboratory in Wisconsin. The WSLH has developed a working partnership with the Minnesota, Iowa, North Dakota, and South Dakota public health laboratories. The WSLH currently has a listing of Level Three laboratories that could be used by Wisconsin during a chemical terrorism event.

Evaluation Plan

(3A::CT1a) The WSLH will provide to DPH updated Reference and Sentinel lab contact information annually.

Critical Task 1b: Test the competency of a chemical terrorism laboratory coordinator and bioterrorism laboratory coordinator to advise on proper collection, packaging, labeling, shipping, and chain of custody of blood, urine and other clinical specimens.

Grantee Activity: (3A::CT1b) Throughout the grant period, the bioterrorism and chemical terrorism laboratory coordinators will participate in laboratory exercises and real events and have their performance evaluated during subsequent debriefings.

Est. Completion

2006/08/30

Current Capacity

(3A::CT1b) The WSLH, with coordination provided by BT and CT coordinators, conducted pilot bioterrorism and chemical terrorism sample packaging and transport exercises for sentinel labs in 2004 and 2005. Both the bioterrorism and chemical terrorism laboratory coordinators routinely provide written and verbal instructions on sample collection, packaging, labeling and shipping, including chain of custody when relevant, during real clinical and environmental events. The bioterrorism laboratory coordinator is currently certified as trained and tested in packaging and shipping clinical specimens and isolates.

Evaluation Plan

(3A::CT1b) Drill, exercise or real event after action report evaluation. Public Health Emergency Plan exercise checklist and after action report will be completed annually.

Critical Task 1c: Test the ability of sentinel/Level Three labs to send specimens to a confirmatory Laboratory Response Network (LRN) laboratory on nights, weekends, and holidays.

Grantee Activity: (3A::CT1c) By August 30, 2006, the WSLH will verify the 24/7/365 specimen transport capability in Wisconsin by: 1) conducting an exercise with selected Sentinel Laboratories to evaluate their ability to send specimens to the WSLH and a survey of all Sentinel Laboratories to evaluate their knowledge of procedures to send specimens to the WSLH on nights, weekends and holidays (HRSA funding); 2) maintaining the 24/7/365 pager system, a statewide repository of shippers and a contract with a statewide courier (HRSA funding); 3) providing periodic review of these systems with Sentinel labs during presentations at annual regional workshops and teleconferences; and 4) maintaining the WSLH capability as the Level Three laboratory to send specimens to the CDC laboratory on nights, weekends, and holidays.

Est. Completion

2006/08/30

Current Capacity

(3A::CT1c) The WSLH conducted pilot bioterrorism and chemical terrorism sample packaging and transport exercises in 2004 and 2005. The WSLH currently maintains a 24/7/365 pager system, a statewide repository system, a contracted statewide courier and lists of alternate couriers. The WSLH has provided information about the repository, 24/7/365 contact, and the statewide courier at previous regional meetings. The WSLH currently has the capability to send specimens to CDC, but has not verified carrier availability on weekends and holidays.

Evaluation Plan

(3A::CT1c) The WSLH will provide to DPH updated shipping and handling protocols, training and testing of 24/7 specimen shipping. Drill, exercise or real event after action report evaluations will be completed annually.

Critical Task 1d: Collect, package, label, ship, and coordinate routing of clinical, environmental, and food specimens/samples to laboratories that can test for agents used in biological and chemical terrorism.

Grantee Activity: (3A::CT1d) By August 30, 2006, the WSLH will verify the 24/7/365 ability to package, ship, and follow chain of custody procedures of Wisconsin laboratories by: 1) conducting an exercise with selected Sentinel Laboratories to evaluate their ability to send specimens to the WSLH (HRSA funding); 2) maintaining the 24/7/365 pager system, a statewide repository of shippers and a contract with a statewide courier (HRSA funding); 3) providing updates as needed to the Wisconsin Integrated Laboratory Response Plan and the Wisconsin Packaging & Shipping Training Manual; 4) providing periodic review of methods and protocols during presentations at annual regional workshops and teleconferences; 5) providing updates as needed to the all hazards Wisconsin Chemical Emergency Response Plan; 6) maintaining the contact information with the national and university laboratories as documented in the all hazards Wisconsin Chemical Emergency Response Plan; 7) improving procedures with CDC and hospitals so that response time after clinical specimen collection can be improved, even though it is not controllable by WSLH; 8) improving WSLH procedures so that response time for labeling, packaging and completion of chain of custody forms for forty (40) patients can be reduced to 180 minutes.

Est. Completion
2006/08/30

Current Capacity

(3A::CT1d) The WSLH conducted pilot bioterrorism and chemical terrorism sample packaging and transport exercises in 2004 and 2005. The WSLH currently maintains 24/7/365 pager system, a statewide repository system, a contracted statewide courier and lists of alternate couriers. The WSLH has provided copies of the Wisconsin Integrated Laboratory Response Plan and is completing the Wisconsin Packaging & Shipping Training Manual for all Sentinel Laboratories. The WSLH has provided review presentations of protocols during regional meetings. The WSLH has partnered with the state's Department of Agriculture, Trade and Consumer Protection food testing laboratory, a member of FERN, to develop protocols for handling food specimens to be tested for biological, chemical and radiological agents in the event of a terrorism attack. This protocol is included in the all hazards Wisconsin Chemical Emergency Response Plan. Even though there are no guidelines from EPA for the packaging, labeling and shipment of environmental samples for chemical, biological and radiological testing, the WSLH has developed interim protocol for these activities with the Wisconsin regional HazMat teams, DNR, water utilities, and state government laboratories for selected chemical, biological and radiological agents that can be tested at WSLH or other government laboratories. The WSLH has developed partnerships with a national and university laboratory to test environmental samples for military chemical agents since there is no LRN for testing environmental samples for chemical agents. This contact information is documented in the all hazards Wisconsin Chemical Emergency Response Plan. The WSLH does not collect clinical specimens and therefore it is not possible to control the response time. However, it was found in a chemical terrorism packaging and shipping exercise conducted in July 2004 with CDC, WSLH, and four hospitals in Wisconsin that it took approximately five hours for the hospitals to label, package, and complete chain of custody forms for clinical specimens from forty (40) patients to the WSLH. In the July 2004 chemical terrorism exercise with CDC, WSLH, and four Wisconsin hospital laboratories, it was found that it took WSLH staff approximately four (4) hours to label, package and complete chain of custody forms for clinical specimens from forty (40) patients for pick up by CDC staff.

Evaluation Plan

(3A::CT1d) The WSLH will provide to DPH updated shipping and handling protocols, training and testing of 24/7 specimen shipping. Drill, exercise or real event after action report evaluations will be completed annually.

Critical Task 1e: Continue to develop or enhance operational plans and protocols that include: * specimen/samples transport and handling, *worker safety, *appropriate Biosafety Level (BSL) working conditions for each threat agent, *staffing and training of personnel, *quality control and assurance, *adherence to laboratory methods and protocols, *proficiency testing to include routine practicing of LRN validated assays as well as participation in the LRN's proficiency testing program electronically through the LRN website, *threat assessment in collaboration with local law enforcement and Federal Bureau of Investigations (FBI) to include screening for radiological, explosive and chemical risk of specimens, *intake and testing prioritization, *secure storage of critical agents, *appropriate levels of supplies and equipment needed to respond to bioterrorism events with a strong emphasis on surge capacities needed to effectively respond to a bioterrorism incident.

Grantee Activity: (3A::CT1e) By August 30, 2006, the WSLH will maintain or enhance its current diagnostic capability and capacity and operational plans and protocols for laboratory

response to bioterrorism, chemical emergencies or public health threats by: 1) maintaining its testing capabilities and capacities to test for bioterrorism agents using LRN-validated tests; 2) developing the capability to test for bioterrorism agents using LRN-validated tests that are provided by CDC during the funding period; 3) developing diagnostic methods for detection of biological threat agents in water and priority bioterrorism agents in food for laboratory response to biological threats to food and water, in collaboration with DATCP-BLS and other relevant agencies; 4) developing specific algorithms for response to biological threats to food and water, in collaboration with DATCP-BLS and other relevant agencies; 5) maintaining plans to engage other LRN, state agency, and clinical laboratories as surge capacity laboratories in terrorism incident or other public health emergency; 6) updating the laboratory portion of the statewide risk and threat assessment protocol developed in collaboration with local law enforcement, FBI, USPI and the Wisconsin Division of Public Health and Wisconsin Emergency Management; 7) maintaining and continuing to develop its capability to test and confirm chemical agents in human clinical specimens by performing quarterly proficiency testing of samples; 8) developing the capability to provide maintenance, calibration, and consultation service for field monitoring instrumentation used by agencies, universities, first responders, and local public health departments; 9) maintaining its capability and capacity as a level 2 laboratory and developing the capability and capacity to be a level 1 laboratory.

Est. Completion
2006/08/30

Current Capacity

(3A::CT1e) The WSLH currently maintains the testing capability to perform all currently available LRN-validated tests for bioterrorism agents provided by CDC and maintains operational plans and protocols for: sample transport and handling; worker safety; appropriate Biosafety Level (BSL) working conditions; staffing and training of personnel; quality control and assurance; adherence to laboratory methods and protocols; proficiency testing including electronic reporting through the LRN website and practicing of LRN validated assays; threat assessment with local law enforcement and FBI, and USPS; intake and testing prioritization; secure storage and inventory of critical agents including Select Agents; appropriate levels of supplies to respond to a bioterrorism incident. The WSLH has the capability to test for all bioterrorism agents using LRN-validated diagnostic methods currently available. The WSLH currently has limited testing capability to test for common biological agents (e.g. Salmonella, E.coli, etc.) and no capability to test for the priority agents of bioterrorism in water or food. The DATCP-BLS, the state's primary food-testing lab, has no capability to test for the priority BT agents in food. The WSLH currently has a general agreement with DATCP-BLS for threats of bioterrorism agents to food, but no specific, formal algorithm. The WSLH has begun to develop a collaborative lab response plan and diagnostic methods for detection of BT and CT threats in water. The WSLH currently maintains agreements with MHDL and MCRF to provide LRN reference-level lab surge capacity testing, has collaborative plans with DATCP-BLS and WVDL plans for surge capacity testing and plans for routine testing surge capacity by clinical labs in the event of a public health emergency by clinical laboratories. The WSLH updated the laboratory portion of the statewide response protocol, participated in the initial development of the statewide response plan and will participate in the currently planned revision. The WSLH currently has the capability and is qualified by CDC to test for cyanide & metals in clinical specimens. The WSLH currently has the capability to provide consultation but no capability to provide instrument calibration and maintenance services for field instrumentation. The WSLH currently has the capability and capacity of a Level 2 laboratory.

Evaluation Plan

(3A::CT1e) The WSLH will provide to DPH updated shipping and handling protocols, training and testing of 24/7 specimen shipping. Drill, exercise or real event after action report evaluations will be completed annually to include a Public Health Emergency Plan exercise checklist and after action report.

Critical Task 1f: Ensure the availability of at least one operational Biosafety Level Three (BSL-3) facility in your jurisdiction for testing for biological agents. If not immediately possible, BSL-3 practices, as outlined in the CDC-NIH publication "Biosafety in Microbiological and Biomedical Laboratories, 4th Edition" (BMBL), should be used (see www.cdc.gov/od/ohs) or formal arrangements (i.e., MOU) should be established with a neighboring jurisdiction to provide this capacity.

Grantee Activity: (3A::CT1f) Throughout the grant period, the WSLH will ensure the BSL-3 capacity in Wisconsin by: 1) maintaining the current level of BSL-3 capacity in Wisconsin LRN Reference laboratories; 2) maintaining and updating a listing of additional BSL-3 facilities within Wisconsin; and 3) identifying laboratory contacts and diagnostic capabilities of these additional BSL-3 facilities to respond to bioterrorism or other public health emergency.

Est. Completion
2006/08/30

Current Capacity

(3A::CT1f) There are currently four BSL-3 facilities available for BT response among the three LRN Reference Laboratories in Wisconsin (two at BSL-3 capacity in Wisconsin, one at MHDL, and one at MCRF). The WSLH currently maintains agreements with MHDL and MCRF to provide surge capacity testing using

Evaluation Plan

(3A::CT1f) The WSLH will provide DPH with documentation of continued

their BSL-3 facilities. The WSLH currently has a partial listing of BSL-3 laboratories identified by Wisconsin clinical laboratories. The WSLH has not identified non-LRN BSL-3 laboratory contacts or diagnostic capabilities.

Critical Task 1g: Ensure that laboratory registration, operations, safety, and security are consistent with both the minimum requirements set forth in Select Agent Regulation (42 CFR 73) and the US Patriot Act of 2001 (P.L. 107-56) and subsequent updates.

Grantee Activity: (3A::CT1g) Throughout the grant period, the WSLH will ensure that LRN Reference Laboratories in Wisconsin are in compliance with the Select Agent Regulation and the US Patriot Act by: 1) maintaining the WSLH laboratory registration, operations, safety and security consistent with the Select Agent Regulation and U.S. Patriot Act; and 2) verifying that MHDL and MCRF laboratory registration, operations, safety and security remain consistent with the Select Agent Regulation and U.S. Patriot Act. By August 30, 2006, the WSLH will provide refresher training to sentinel labs outlining their responsibilities and actions required under the Select Agent Rule.

Est. Completion
2006/08/30

Current Capacity

(3A::CT1g) The WSLH currently is in compliance with the Select Agents Regulation and the US Patriot Act, based on inspections by both the USDA and the CDC. MHDL and MCRF currently are in compliance with the Select Agents Regulation and the US Patriot Act, based on inspections. Sentinel labs have received training on the Select Agent Rule and their responsibilities and required actions should they isolate a Select Agent.

Evaluation Plan

(3A::CT1g) The WSLH will provide DPH with documentation that LRN Reference Laboratories in Wisconsin are in compliance with the Select Agent Regulation and the US Patriot Act.

Critical Task 1h: Ensure that at least one public health laboratory in your jurisdiction has the appropriate instrumentation and appropriately trained staff to perform CDC-developed and validated real-time rapid assays for nucleic acid amplification (Polymerase Chain Reaction, PCR) and antigen detection (Time-Resolved Fluorescence, TRF).

Grantee Activity: (3A::CT1h) Throughout the grant period, the WSLH will maintain the capability and capacity of WLRN Reference Laboratories in Wisconsin to perform CDC developed and validated real-time PCR and TRF assays for agents of bioterrorism and other public health threats (e.g., avian influenza) by: 1) maintaining the instrumentation and trained staff at the WSLH to perform current CDC validated real-time PCR and TRF assays and additional assays as they become available for agents of bioterrorism and other public health threats; 2) developing redundancy in PCR platforms at the WSLH, including at least one platform that provides high-throughput capability; 3) ensuring that MHDL and MCRF maintain instrumentation and appropriately trained staff to perform selected CDC developed and validated real-time rapid assays for nucleic acid amplification (Polymerase Chain Reaction, PCR) as directed by the WSLH. The WSLH will manage the use of MHDL and MCRF testing capabilities in response to a public health emergency, including bioterrorism.

Est. Completion
2006/08/30

Current Capacity

(3A::CT1h) The WSLH currently has real-time PCR and TRF instrumentation and is purchasing a second real-time PCR platform. WSLH staff have received training at CDC in LRN protocols and at least 3 staff are trained to perform testing for each of the agents currently available through the LRN and other agents of public health importance (e.g., SARS, B. pertussis, "rule out" testing for avian influenza). The WSLH has initiated the purchasing of a redundant high-throughput PCR platform. Additional real-time PCR capability and capacity is available at MHDL and MCRF for selected agents of public health importance. Staff of both laboratories have received training at CDC in LRN protocols.

Evaluation Plan

(3A::CT1h) The WSLH will provide DPH with documentation of the capability and capacity of WLRN Reference Laboratories in Wisconsin to perform CDC developed and validated real-time PCR and TRF assays for agents of bioterrorism and other public health threats.

Critical Task 1i: Ensure the capacity for LRN-validated testing and reporting of Variola major, Vaccinia and Varicella viruses in human and environmental samples either in the public health laboratory or through agreements with other LRN laboratories.

Grantee Activity: (3A::CT1i) Throughout the grant period, the WSLH will ensure the availability of testing for variola, vaccinia and varicella viruses in Wisconsin by: 1) maintaining the WSLH capability to perform LRN-validated testing and reporting of Variola major, Vaccinia, and Varicella viruses in human and environmental specimens; and 2) updating the current list of laboratories that are capable of testing for Varicella virus.

Est. Completion
2006/08/30

Current Capacity

(3A::CT1i) The WSLH currently has the capability to perform real-time PCR

Evaluation Plan

(3A::CT1i) The WSLH will provide DPH with documentation of the

for Variola, Vaccinia, and Varicella, in addition to direct specimen immunofluorescence and culture capability for varicella. The WSLH currently maintains a listing of clinical laboratories in Wisconsin that have the capability to test for Varicella.

availability of testing for variola, vaccinia and varicella viruses in Wisconsin.

Critical Task 2: Increase the exchange of laboratory testing orders and results.

Grantee Activity: See Critical Tasks 2a - 2b.

Est. Completion

2006/08/30

Current Capacity

See Critical Tasks 2a - 2b.

Evaluation Plan

See Critical Tasks 2a - 2b.

Critical Task 2a: Monitor compliance with public health agency (or public health agency lab) policy on timeliness of reporting results from confirmatory LRN lab back to sending sentinel/Level Three lab (i.e., feedback and linking of results to relevant public health data) with a copy to CDC as appropriate.

Grantee Activity: (3A::CT2a) By November 30, 2005, WSLH will have reviewed the State Health Department policy on timeliness of reporting from confirmatory LRN laboratories. By June 30, 2006, a random sample of reports from confirmatory laboratories will have been measured against standards. By August 30, 2006, the WSLH will provide technical assistance where health departments report exceptions to timeliness reporting requirements.

Est. Completion

2006/08/30

Current Capacity

(3A::CT2a) Timeliness of result reporting back to sending laboratory is an important measure of the efficiency of confirmatory lab. There is currently no systematic method of reviewing time intervals of receipt to sending using internal LIMS data

Evaluation Plan

(3A::CT2a)

Critical Task 2b: Comply with PHIN Preparedness Functional Areas Connecting Laboratory Systems and Outbreak Management to enable: a) the linkage of laboratory orders and results from sentinel/Level Three and confirmatory LRN labs to relevant public health (epi) data and b) maintenance of chain of custody.

Grantee Activity: (3A::CT2b) By January 1, 2006, design a prototype system at the WSLH which is PHIN compliant. By August 30, 2006, develop functional criteria for PHIN-compliant laboratory reporting, survey all existing sentinel laboratory systems for compliance and remediation needed, and design a compliance plan as a template for those systems not meeting PHIN-compliance criteria. By August 30, 2006, develop a plan for bringing sentinel labs into PHIN compliance over the following 4 years.

Est. Completion

2006/08/30

Current Capacity

(3A::CT2b) As the PHIN compliance criteria are still under development, there is no electronic reporting system within WI which meets all criteria.

Evaluation Plan

(3A::CT2b)

G4: Improve the timeliness and accuracy of information regarding threats to the public's health as reported by clinicians and through electronic early event detection in real time to those who need to know.

4A: Health Intelligence Integration and Analysis: To produce timely, accurate, and actionable health intelligence or information in support of prevention, awareness, deterrence, response and continuity planning operations.

Critical Task 1: Increase source and scope of health information.

Grantee Activity: (4A::CT1) By August 30, 2006, 1) Determine Wisconsin's AVR/IDR requirements; 2) Develop the architecture for Wisconsin's AVR/IDR shared service; 3) Select, acquire, install and pilot AVR software; 4) Develop a standard taxonomy of organizations and providers; 5) Implement easy-to-use reports for the public on cancer, hospital inpatient, and behavioral risk factor data. Develop and implement a shared service in the Wisconsin PHIN that provides analysis, visualization and reporting (AVR) functionality for all participating PAMs and datasets. Plan a complementary integrated data repository (IDR) service that links and stages participating datasets for analysis. The AVR/IDR strategy will: Link files for analysis, such as hospital inpatient, birth, death, ambulance runs, trauma registry, cancer, Medicaid, physician office visits; Establish data standards to facilitate record linking and analysis, such as taxonomy of organizations and providers; Provide a website for analysis of files using software of varying power and sophistication; Provide through the website fixed reports and easy-to-use ad hoc reports for the public and restricted access for more complicated reporting and confidential data. By August 30, 2006, develop a proof of concept for real-time linking of person records across disparate systems. Proof-of-concept will link records from the Wisconsin Immunization Registry (WIR) and the SPHERE system (supporting Maternal and Child Health) in a common portal developed by the Wisconsin Health Information Exchange RHIO; Matching software to be considered include that used in the Wisconsin Immunization Registry (WIR), the model being developed by Connecting for Health, and proprietary offerings such as from SAS; Coordinate or integrate with comparable functionality in the WiPHIN AVR/IDR (Analysis, Visualization, Reporting/Integrated Data Repository) Shared Service. By August 30, 2006, enhance existing information systems by studying a replacement for Physician Office Visit reporting system; developing a strategy for an integrated death reporting system; implementing Toxi-Trak reporting on the WiPHIN; and improving regulation and licensing systems, including the Emergency Medical Services System (including ambulance run and trauma data), the radioactive materials licensing system, and the Food and Facility Regulation system. By August 30, 2006 the WI Health Information Exchange will be established as a functioning RHIO that details an operations / business model for sustainable funding, electronic health record data sharing, and establishes the role of public health in governance and data exchange. By August 30, 2006, a south central (greater Dane county) RHIO will be established and electronic health records information will be exchanged using the common, Epic Systems Corporation EHR employed by all south central health care providers as well as area and provider specific WSLH laboratory data from its EPIC-LIMS. The WI South Central RHIO will establish an operations / business model for sustainable funding, electronic health record data sharing, and establish the role of public health in governance and data exchange. By August 30, 2006 the WI Health Information Exchange will be established as a functioning RHIO that details an operations / business model for sustainable funding, electronic health record data sharing, and establishes the role of public health in governance and data exchange. By August 30, 2006, a south central (greater Dane county) RHIO will be established and electronic health records information will be exchanged using the common, Epic Systems Corporation EHR employed by all south central health care providers. The WI South Central RHIO will establish an operations / business model for sustainable funding, electronic health record data sharing, and establish the role of public health in governance and data exchange.

Est. Completion
2006/08/30

Current Capacity

(4A::CT1) Individual datasets can be analyzed by experts using SAS. Cross-dataset analysis requires custom linkages. Capabilities for visualization, modeling and forecasting are limited and not readily accessible to all analysts who could use them. The public and stakeholders outside of DPH have limited access to information captured by DPH. WSLH is looking at SOA approaches to integration of laboratory data across databases. (See- 2ACT1c) A comprehensive real-time view of patient data across operational systems is not available. Several existing systems require enhancements to maintain their effectiveness. Legal, organizational and cultural barriers interfere with responsible sharing of information to improve individual and public health.

Evaluation Plan

(4A::CT1) WI will design and pilot AVR capability with PHIN, and pilot it with the multiple databases on PHIN. A report of the record-linking service proof of concept will be available on PHIN. Report of current status of WI RHIO's (WHIE, S-C WI) will be available on PHIN.

Critical Task 2: Increase speed of evaluating, integrating, analyzing and interpreting health data to detect aberrations in normal data patterns.

Grantee Activity: (4A::CT2) By August 30, 2006, 1) Determine Wisconsin's AVR/IDR requirements; 2) Develop the architecture for Wisconsin's AVR/IDR shared service; 3) Select, acquire, install and pilot AVR software; 4) Develop a standard taxonomy of organizations and providers; 5) Implement easy-to-use reports for the public on cancer, hospital inpatient, and behavioral risk factor data. Develop and implement a shared service in the Wisconsin PHIN that provides analysis, visualization and reporting (AVR) functionality for all participating PAMs and datasets. Plan a complementary integrated data repository (IDR) service that links and stages participating datasets for analysis. The AVR/IDR strategy, jointly with public health partners such as WSLH, will: Link files for analysis, such as hospital inpatient, birth, death, ambulance runs, trauma registry, laboratory, cancer, Medicaid, physician office visits. Establish

data standards to facilitate record linking and analysis, such as taxonomy of organizations and providers; Provide a website for analysis of files using software of varying power and sophistication; Provide through the website fixed reports and easy-to-use ad hoc reports for the public and restricted access for more complicated reporting and confidential data. By August 30, 2006, provide training of DPH workforce on public health informatics.

Est. Completion
2006/08/30

Current Capacity

(4A::CT2) Individual datasets can be analyzed by experts using SAS. Cross-dataset analysis requires custom linkages. Capabilities for visualization, modeling and forecasting are limited and not readily accessible to all analysts who could use them. The public and stakeholders outside of DPH have limited access to information captured by DPH. WSLH currently does not have a unified Business Intelligence infrastructure across its databases or on-top of its Portal infrastructure. DPH workforce is not fully aware of how to use informatics in fulfilling their responsibilities.

Evaluation Plan

(4A::CT2) WI DPH will design and piloted an analysis visualization and reporting capability with PHIN.

Critical Task 3: Improve integration of existing health information systems, analysis, and distribution of information consistent with PHIN Preparedness Functional Area Early Event Detection.

Grantee Activity: (4A::CT3) By August 30, 2006, DPH will: 1) Migrate communicable disease data currently in Access databases to SQL Server as a more robust platform which will allow secure and fast access not only to current reports, but to currently unavailable historical data. (EED 2.2.7.2)2) Develop algorithms to analyze disease reports to detect aberrations from baseline/trend and generate alerts. (EED 2.5.6) By August 30, 2006, develop and implement an MOU among the WSLH, WVDL, DATCP, and DPH regarding the reporting of zoonotic diseases. By August 30, 2006, in concert with the WSLH, WI Veterinary Diagnostic Laboratory, and DATCP, determine data needs for identification and tracking of zoonotic diseases and create plan for WI system. By August 30, 2006, using the data needs determined above, develop a plan for electronic veterinary data reporting via the WIPHIN or the WSLH portal.

Est. Completion
2006/08/30

Current Capacity

(4A::CT3) Current data systems are individual and stand-alone; data are exchanged only by melding of spreadsheets. Some integration of Access databases is underway, but this system remains unreliable and insufficient for secure management of large databases. Current veterinary reporting is paper-based, and sharing of information regarding zoonotic diseases is based on personal relationships among the various parties concerned. WI law requires reporting of veterinary conditions of public health importance to the State Veterinarian. Assessment of the timeliness and completeness of the reporting has not been done.

Evaluation Plan

(4A::CT3) Communicable disease databases will be on PHIN SQL Server. An MOU for zoonotic disease information sharing will be drafted and approved. Algorithms for report analysis will be developed as part of AVR plan (see 2ACT1a). All messaging will be PHIN compliant.

Critical Task 4: Improve effectiveness of health intelligence and surveillance activities.

Grantee Activity: (4A::CT4) By August 30, 2006, in partner with state and local health department staff, the WSLH, and reporters, create plan for state-wide surveillance, identify data currently available, data needed but not available, and propose a plan to acquire, analyze, and report data routinely. By August 30, 2006, evaluate and improve the technical abilities and needs of laboratories, health departments, and reporters by 1) Developing directory of primary and technical contacts for data sources and associated organizations for supporting preliminary investigations and signal validation. (EED 2.8.6) 2) Begin implementing object identifiers for vocabulary items (e.g. code sets, value sets, SRTs). (CFC 2.5.1.1) 3) Begin standardizing data exchange vocabulary among PH partners. (CFC 2.6.1) 4) Beginning process of bringing PH systems into alignment with PHIN Logical Data Model (e.g. Vocabulary, elements, representation). (CFC 2.7.1)

Est. Completion
2006/08/30

Current Capacity

(4A::CT4) Multiple data streams flow to and from the state health department; reporters often are asked several times for similar data from different parts of public health; there are varying standards for local health departments regarding what types and amounts of data they should collect for different conditions. Technical improvements will allow us to share data without creating one giant database. Unified HI7/LOINC standards are required for comprehensive laboratory data exchange. This exists only in a number of laboratories across state. WSLH currently provides a laboratory surveillance scientist to assist DPH in assessment and development of a state-wide surveillance system.

Evaluation Plan

(4A::CT4) A draft plan for state-wide surveillance, including labs, health departments, and reporters, will be on the PHIN.

Critical Task 5: Improve reporting of suspicious symptoms, illnesses or circumstances to the public health agency.

Grantee Activity: See Critical Task 5a.

Est. Completion
2006/08/30

Current Capacity
See Critical Task 5a.

Evaluation Plan
See Critical Task 5a.

Critical Task 5a: Maintain a system for 24/7/365 reporting cases, suspect cases, or unusual events consistent with PHIN Preparedness Functional Area Early Event Detection.

Grantee Activity: (4A::CT5a) By August 30, 2006, implement Electronic Disease Surveillance System by: 1) Begin implementation of the Wisconsin Electronic Disease Surveillance System (WEDSS), and by January 31, 2006, select a system to install. This system will automate local functions including case management and reporting of notifiable communicable diseases and environmental events, and will incorporate the laboratory reports sent electronically from both sentinel and confirmatory laboratories2) Develop strategy for implementation of death surveillance system(s) to include electronic death reporting to LHD, continuation of MOU with Vital Statistics for use of death files, integration with DOJ/Crime Lab, and linkage to WVDRS and Casepoint3) Continue and expand electronic laboratory data reporting program.. 4) Enhance current early event detection within Marshfield area by addition of nurse call, poison call, and absentee data in Marshfield early event detection pilot. Provide template/coding/experience for other providers seeking to accrue, analyze, and interpret EED data.5) Evaluate and put into place a "dashboard" for analysis, visualization, and reporting of early event data in WI. (2A.CT1d)

Est. Completion
2006/08/30

Current Capacity
(4A::CT5a) WSLH has developed a viral electronic data reporting Portal environment during FFY2005. Three reference laboratories are reporting electronically daily, and those data will be used for surveillance during 2005.

Evaluation Plan
(4A::CT5a)A plan for full integration of the death surveillance system will be on the PHIN.At least 15 laboratories will be reporting data electronically.The Marshfield early event detection system will include at least three data sources.The proposed AVR system will include a customizable "dashboard".

Critical Task 6: Increase number of local sites using BioSense for early event detection.

Grantee Activity: (4A::CT6) Encourage participation in Biosense through development of local data sources by personal contacts to healthcare providers (2ACT1d).

Est. Completion
2006/08/30

Current Capacity
(4A::CT6) Many local health departments have access to Biosense; however, there are very few WI-specific data within Biosense.

Evaluation Plan
(4A::CT6) At least three sources of local WI data will be available to Biosense.

G5:Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

5A: Public Health Epidemiological Investigation: Potential exposure and disease will be identified rapidly, reported to multiple locations immediately, investigated promptly, and accurately confirmed to ensure appropriate preventive or curative countermeasures are implemented. Additionally, public health epidemiological investigation is coordinated

with law enforcement and other appropriate agencies, including tribal and federal agencies.

Critical Task 1: Increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease.

Grantee Activity: (5A::CT1) By August 30, 2006, maintain and increase epidemiologic capacity throughout WI by: 1) continue funding of consortia, WSLH, and City of Milwaukee epidemiology staff 2) explore the potential for epidemiologist staffing at regional offices 3) explore mechanisms for use of epidemiologists in multi-jurisdictional outbreaks and incidents 4) continue training for local health department staff and public health partners 5) ensure mechanism for role-based access to local, regional, and state data necessary for epidemiologic investigation (see 4A, 2ACT1d)

Est. Completion
2006/08/30

Current Capacity

(5A::CT1) Epidemiologic capacity has been increased in Wisconsin through funding of public health consortium epidemiologists and epidemiologic training for local health department staff.

Evaluation Plan

(5A::CT1) Epidemiologists will continue to be employed by WSLH, the City of Milwaukee Health Department, and the Public Health consortia. A draft description of the roles, responsibilities, and places of hire of epidemiologists in WI public health will be developed.

Critical Task 2: Conduct epidemiological investigations and surveys as surveillance reports warrant.

Grantee Activity: (5A::CT2) By August 30, 2006, support epidemiologic investigations throughout the state by: 1) development of statewide standards for epidemiologic investigations of enteric and zoonotic disease, nutritional issues, environmental exposures, and biologic agents. 2) providing training on these standards for local public health, consortia, and state public health staff, so that they may act as agents of DPH in the event of multi-jurisdictional outbreaks, and provide consistent epi investigations and surveys as needed.

Est. Completion
2006/08/30

Current Capacity

(5A::CT2) Epidemiologic investigations are carried out both at the local and state level, with state guidance for multi-jurisdiction outbreaks. Training regarding standards for epidemiologic investigations for enteric diseases has been provided to some consortium and LHD staff.

Evaluation Plan

(5A::CT2) A draft document describing the standards of epidemiologic investigation specific to Wisconsin and proposed training and evaluation needed will be developed.

Critical Task 3: Coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation or quarantine for biological, chemical, nuclear, radiological, agricultural, and food threats.

Grantee Activity: (5A::CT3) By August 30, 2006, create coordinated statewide plan with public health partners for ongoing public health surveillance to include all factors listed here and the WI 2010 health plan (4ACT4).

Est. Completion
2006/08/30

Current Capacity

(5A::CT3) Public health surveillance and testing, immunizations, prophylaxis, isolation or quarantine for biological, chemical, nuclear, radiological, agricultural, and food threats, and zoonotic illness investigation are all coordinated by state public health staff at the central and regional offices.

Evaluation Plan

(5A::CT3) A draft plan for state-wide surveillance, including labs, health departments, and reporters, will be on the PHIN.

Critical Task 4: Have or have access to a system for an outbreak management system that captures data related to cases, contacts, investigation, exposures, relationships and other relevant parameters compliant with PHIN preparedness functional area Outbreak Management.

Grantee Activity: (5A::CT4) By August 30, 2006, define the WI requirements for an outbreak management system, review available products which meet both PHIN and Wisconsin requirements, and select a system for piloting in Wisconsin.

Est. Completion

Current Capacity

Evaluation Plan

2006/08/30

(5A::CT4) Current outbreak management is done either by local health department or state health department staff, depending on the illness and the size and jurisdiction of the outbreak. No single electronic system provides information to all those involved in outbreak management.

(5A::CT4)WI DPH will have selected a system for use in outbreak management.

G6: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

6A: Emergency Response Communications: A continuous flow of critical information is maintained among emergency responders, command posts, agencies, and government officials for the duration of the emergency response operation.

Critical Task 1: Decrease the time needed to communicate internal incident response information.

Grantee Activity: See Critical Task 1a.

Est. Completion
2006/08/30

Current Capacity
See Critical Task 1a.

Evaluation Plan
See Critical Task 1a.

Critical Task 1a: Develop and maintain a system to collect, manage, and coordinate information about the event and response activities including assignment of tasks, resource allocation, status of task performance, and barriers to task completion.

Grantee Activity: (6A::CT1a) By August 30, 2006, DPH will assure that NIMS and ICS are implemented and utilized during any major event. Training on NIMS and ICS will be assured or delivered directly for DPH, WSLH, and local health department staff. Training and evaluation will be tracked via the TRAIN Learning Management System (LMS). Local public health entities will use local emergency management systems to manage responses.

Est. Completion
2006/08/30

Current Capacity
(6A::CT1a) NIMS and ICS training for state and local staff is currently being conducted and tracked via the TRAIN LMS. A DPH proposal for a web-based emergency response management system in the state EOC was decided not to be pursued by the Wisconsin Homeland Security Council.

Evaluation Plan
(6A::CT1a) Ongoing assessment of training needs to develop appropriate training plan. Participation in training will be documented. End of course evaluations will be used to test if instructional objectives were met. Evaluation instruments include tests, observations, checklists, tabletop and functional exercises.

Critical Task 2: Establish and maintain response communications network.

Grantee Activity: (6A::CT2) By August 30, 2006, DPH will assure the current response communications system and back up systems will be regularly updated, maintained and expanded to include additional responder groups not currently integrated into the system. DPH will purchase blackberries or other portable, wireless communications technology for key response staff to further enhance communications capabilities.

Est. Completion
2006/08/30

Current Capacity

(6A::CT2) The current system includes the following components: 1) Command Caller emergency notification system for local health department, hospitals and tribal health centers.; 2) Blast fax database of Wisconsin physicians, medical clinics and media contacts; 3) Wisconsin Emergency Assistance and Volunteer Registry (WEAVR); 4) Mass email contact information for various response partners; 5) Media Site Live technology; and 6)Teleconferencing capabilities with up to 1,000 participants per call.

Evaluation Plan

(6A::CT2)DPH will purchase, distribute, train, and test wireless communication technology with DPH key response staff.

Critical Task 3: Implement communications interoperability plans and protocols.

Grantee Activity: (6A::CT3) By August 30, 2006, Wisconsin DPH will have provided training to local health departments and consortia in technologies and operating protocols to meet interoperability requirements. Public Health two way operating channels will have been determined by this time and absorbed into other responder's networks. Training and exercise schedules will be in place by this time that will include communications protocols.

Est. Completion
2006/08/30

Current Capacity

(6A::CT3) State DPH is currently working with other state agencies to ensure public health's inclusion in future interoperability plans. DPH is also working with individual counties to determine best operating plans and channels at the local level. Communications recommendations to be released shortly.

Evaluation Plan

(6A::CT3)DPH will provide training to local health departments in technologies and operating procedures to meet interoperability and communication protocols. Training will be posted and tracked via TRAIN LMS.

Critical Task 4: Ensure communications capability using a redundant system that does not rely on the same communications infrastructure as the primary system.

Grantee Activity: (6A::CT4) By August 30, 2006, Wisconsin local health departments and consortia will have various forms of wireless communications technology in place that will include two way radio. This will offer a redundant method of communications that will be independent of landline and conventional power. Other technologies used will include datacasting via digital television, PDA devices with wireless access or similar mobile devices, Mediasite Live, and satellite telephone.

Est. Completion
2006/08/30

Current Capacity

(6A::CT4) Wisconsin DPH is currently providing guidance, planning, and training to local health departments and consortia regarding redundant wireless communications methods and technologies. DPH is also installing two way radio equipment at its own EOC center.WSLH provided technical assistance along with WPT to the Minn Public Health Laboratory via funding from APHL/CDC to create distance learning media materials teaching ecoli sampling and a web based exam.

Evaluation Plan

(6A::CT4) LPHD will submit a report outlining the communications stakeholders in their counties,as well as a list of redundant communications technologies used and how these technologies will be independent from the primaries.

Critical Task 5: Increase the number of public health experts to support incident command (IC) or unified command (UC).

Grantee Activity: (6A::CT5) By August 30, 2006, DPH will assure that NIMS and ICS are implemented and utilized during any major event. Training on NIMS and ICS will be assured or delivered directly for DPH and local health department staff. Training and evaluation will be tracked via the TRAIN LMS.

Est. Completion
2006/08/30

Current Capacity

(6A::CT5) NIMS and ICS training for state and local staff is currently being conducted and tracked via the TRAIN LMS

Evaluation Plan

(6A::CT5) Ongoing assessment of training needs to develop appropriate training plan for ICS and NIMS training. Participation in training will be documented and tracked via TRAIN. End of course evaluations will be used to test if instructional objectives were met. Evaluation instruments include tests, observations, checklists, tabletop and functional exercises.

Critical Task 6: Increase the use of tools to provide telecommunication and information technology to support public health response.

Grantee Activity: See Critical Tasks 6a - 6b.

Est. Completion
2006/08/30

Current Capacity
See Critical Tasks 6a - 6b.

Evaluation Plan
See Critical Tasks 6a - 6b.

Critical Task 6a: Ensure that the public health agency has "essential service" designation from their telephone provider and cellular telephone provider.

Grantee Activity: (6A::CT6a) By August 30, 2006, Local Public Health Departments will have knowledge of and access to the NCS GETS card program. State DPH will also work with cellular service carriers statewide to implement the NCS WPS Wireless Priority Service program for cellular telephone usage during crisis usage.

Est. Completion
2006/08/30

Current Capacity
(6A::CT6a) State DPH and some LPH and consortia have GETS cards and have trained with them.

Evaluation Plan
(6A::CT6a) Wisconsin DPH will maintain a list of GETS and WPS contracts in place and carriers providing the service for each local health department. These services may not be available in all locations in the state or for some service providers.

Critical Task 6b: Ensure that the public health agency has priority restoration designation from their telephone provider.

Grantee Activity: (6A::CT6b) By August 30, 2006, Local Public Health Departments and other key public health partners will have knowledge of the NCS Telecommunications Service Priority TSP program and will have made arrangements with their local wire line providers. TSP will allow public health officials priority restoration service for any landline based communications during natural or man-made events and disasters.

Est. Completion
2006/08/30

Current Capacity
(6A::CT6b) Guidance regarding the TSP program is in process for local health departments.

Evaluation Plan
(6A::CT6b) Wisconsin DPH will maintain and distribute a list of TSP contracts in place and carriers providing the service for each local health department. These services may not be available in all locations in the state or for some service providers. Wisconsin DPH may act as a liaison with NCS for this purpose.

Critical Task 7: Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area Partner Communications and Alerting.

Grantee Activity: (6A::CT7) By August 30, 2006, maintain and enhance the Wisconsin PHIN Health Alert Network: 1) Investigate and pilot with one partner cascade alerting across jurisdictional boundaries using secure transport protocol and Common Alerting Protocol. (per PHIN specs PCA 2.1.1.1.b, PCA 2.5.2.1, and PCA 2.6.2.1); 2) Standardize the format for alert messages in coordination with HRSA (per PHIN specs PCA 2.2.3 and 2.3.2 thru 2.3.7); 3) Implement alerting roles in HAN per CDC guidance (per PHIN spec PCA 2.6.2.1); 4) Reevaluate functionality and effectiveness of CommandCaller, and determine need for an upgrade of alerting platform if warranted (per PHIN spec PCA 2.6.2.1); 5) Investigate opportunities and prepare for a pilot exchange of directory information with PH partners (per PHIN spec PCA 2.3.1 and PCA 2.2.1). By December 30, 2005, DPH will establish a baseline listing of key public health partners that might need to be notified in the event of a public health emergency.

Est. Completion
2006/08/30

Current Capacity
(6A::CT7) The Wisconsin PHIN Health Alert Network can alert 90% of key public health stakeholders. Additional enhancements are needed for full compliance with PHIN functional requirements.

Evaluation Plan
(6A::CT7) WI will have piloted cascading alerts and directory exchanges with at least one other jurisdiction, standardized alert message format, and implemented CDC roles for alerting.

6B: Emergency Public Information: The public is informed quickly and accurately, and updated consistently, about threats to their health, safety, and property and what protective measures they should take.

Critical Task 1: Decrease time needed to provide specific incident information to the affected public, including populations with special needs such as non-English speaking persons, migrant workers, as well as those with disabilities, medical conditions, or other special health care needs, requiring attention.

Grantee Activity: See Critical Tasks 1a - 1c.

Est. Completion

2006/08/30

Current Capacity

See Critical Tasks 1a - 1c.

Evaluation Plan

See Critical Tasks 1a - 1c.

Critical Task 1a: Advise public to be alert for clinical symptoms consistent with attack agent.

Grantee Activity: (6B::CT1a) By August 30, 2006, DPH will develop and compile materials for public information tool kits organized by attack agent. Each toolkit will include fact sheets, PSA scripts, behavioral health risk documents, and template news release(s). The Pandemic Influenza risk communication tool kit will be the first priority. These tools kits will be approved prior to any event by DHFS management for quick release in the event that they are needed. By August 30, 2006, 211 call center staff will be trained on and have access to the risk communication tool kits for the purpose of communicating with the public during a public health emergency.

Est. Completion

2006/08/30

Current Capacity

(6B::CT1a) Fact sheets have already been developed. These will be updated and incorporated into toolkits. The DPH preparedness web site and the WI PHIN currently have topic areas for housing risk communication materials. 211 call centers have been established, and DPH is currently developing protocols and an information database.

Evaluation Plan

(6B::CT1a) DPH will survey LPHD to evaluate the usefulness of the tool kits. In an event DPH will measure public information release response times.

Critical Task 1b: Disseminate health and safety information to the public.

Grantee Activity: (6B::CT1b) By August 30, 2006, DPH will develop risk communication tool kits to cover a broad range of public health emergency events/attack agents. Pandemic influenza materials will be a priority. These tools kits will be approved prior to any event by DHFS management for quick release in the event that they are needed. By August 30, 2006, DPH will coordinate with 211 call center staff and emergency response partners to incorporate the 211 system into plans and exercises to solidify the role of 211 in an emergency. By August 30, 2006, risk communication messages related to threats and emergencies will be developed that are targeted to children.

Est. Completion

2006/08/30

Current Capacity

(6B::CT1b) Fact sheets have already been developed. These will be updated and incorporated into toolkits. The DPH preparedness web site and the WI PHIN currently have topic areas for housing risk communication materials. 211 call centers have been established, and DPH is currently developing protocols and an information database. In the current grant period, DPH has worked with the UW-Madison Survey Center to conduct research and focus group interviews with children, and pupil services staff for the purpose of identifying the most effective messages for youth. This data will be used to develop risk communication messages and curriculum for use in schools.

Evaluation Plan

(6B::CT1b) DPH will survey LPHD to determine the usefulness of the tool kits. DPH will measure response times for the release of public information. Use of the statewide 211 system will be incorporated into plans and exercises. Effectiveness of risk communication messages targeted to children through focus groups.

Critical Task 1c: Ensure that the Agency's public information line can simultaneously handle calls from at least 1% of the jurisdiction's population.

Grantee Activity: (6B::CT1c) By August 30, 2006, 211 call centers will have plans in place and memoranda of understanding to address surge capacity issues related to emergencies. By August 30, 2006, a marketing plan will be developed and implemented to ensure that state and local public health staff understand the role of 211 in the event of a public health emergency. By August 30, 2006, a communications back-up plan will be developed to ensure adequate capacity during a public health emergency.

Est. Completion
2006/08/30

Current Capacity

(6B::CT1c) 211 call centers have been established, and protocols are being developed for their use to increase surge capacity in a public health emergency. DPH main telephone has back-up capacity, including a non-published number shared with local health departments and other public health partners to contact on-call DPH staff 24 hours / 7 days a week.

Evaluation Plan

(6B::CT1c) Surge capacity and backup communication plans will be tested during statewide exercises and drills.

Critical Task 2: Improve the coordination, management and dissemination of public information.

Grantee Activity: (6B::CT2) By August 30, 2006, DPH will develop and compile materials for public information tool kits. Each toolkit will include fact sheets, PSA scripts, behavioral health risk documents, and template news release(s). The Pandemic Influenza risk communication tool kit will be the first priority. These tool kits will be approved prior to any event by DHFS management for quick release in the event that they are needed. By August 30, 2006, DPH will coordinate with 211 call center staff and emergency response partners to incorporate the 211 system into plans and exercises to solidify the role of 211 in an emergency. By August 30, 2006, a communication plan will be integrated and institutionalized for the Wisconsin Department of Health and Family Services.

Est. Completion
2006/08/30

Current Capacity

(6B::CT2) Fact sheets have already been developed. These will be updated and incorporated into toolkits. The DPH preparedness web site and the WI PHIN currently have topic areas for housing risk communication materials. 211 call centers have been established, and DPH is currently developing protocols and information database. DPH has a crisis communications plan that will be broadened for use by the Department.

Evaluation Plan

(6B::CT2) DPH will survey LPHD to determine the usefulness of the tool kits. DPH will measure response times for the release of public information. Use of the statewide 211 system will be incorporated into plans and exercises.

Critical Task 3: Decrease the time and increase the coordination between responders in issuing messages to those that are experiencing psychosocial consequences to an event.

Grantee Activity: (6B::CT3) By August 30, 2006, Behavioral Health Risk Communication documents will be developed for use in public health emergencies and incorporated into public health risk communication tool kits, to be shared with public health partners and emergency responders.

Est. Completion
2006/08/30

Current Capacity

(6B::CT3) DPH currently works with DDES on the mental health consequences of public health emergencies, and will expand on this relationship to develop new materials.

Evaluation Plan

(6B::CT3) DPH will assure the development of documents, inclusion of the documents in the tool kits, and dissemination of mental health documents to public health partners and emergency responders. DPH will follow-up by contacting personnel within 12 Consortia to verify receipt and provide technical assistance.

Critical Task 4: Increase the frequency of emergency media briefings in conjunction with response partners via the jurisdiction's Joint Information Center (JIC), if applicable.

Grantee Activity: (6B::CT4) By August 30, 2006, a communication plan will be integrated and institutionalized for the Wisconsin Department of Health and Family Services which includes protocols for media briefings during public health emergencies. By August 30, 2006, state and local public health staff will have completed NIMS and ICS training. Training and evaluation will be tracked via the TRAIN Learning Management System.

Est. Completion
2006/08/30

Current Capacity

(6B::CT4) DPH has a crisis communications plan that will be broadened for use by the Department. In 2005, DHFS leadership was trained in risk communications by Dr. Vincent Covello. Training for state and local staff is currently being conducted and tracked via the TRAIN LMS.

Evaluation Plan

(6B::CT4) Communication plan will be tested statewide through exercises. Training will be evaluated the TRAIN LMS.

Critical Task 5: Decrease time needed to issue public warnings, instructions, and information updates in conjunction with response partners.

Grantee Activity: (6B::CT5) By August 30, 2006, a communication plan will be integrated and institutionalized for the Wisconsin Department of Health and Family Services which includes protocols for media briefings during public health emergencies. By August 30, 2006, state, WSLH and local public health staff will have completed NIMS and ICS training. Training and evaluation will be tracked via the TRAIN LMS. By August 30, 2006, DPH will develop risk communication tool kits to cover a broad range of public health emergency events/attack agents. Pandemic influenza materials will be a priority. These tool kits will be approved prior to any event by DHFS management for quick release in the event that they are needed.

Est. Completion
2006/08/30

Current Capacity

(6B::CT5) DPH has a crisis communications plan that will be broadened for use by the Department. In 2005, DHFS leadership was trained in risk communications by Dr. Vincent Covello. Training for state and local staff is currently being conducted and tracked via the TRAIN learning management system. Some fact sheets have already been developed. These will be updated and incorporated into toolkits. The DPH preparedness web site and the WI PHIN currently have topic areas for housing risk communication materials.

Evaluation Plan

(6B::CT5) Communication plan will be tested statewide through exercises. Training will be evaluated the TRAIN LMS.

Critical Task 6: Decrease time needed to disseminate domestic and international travel advisories.

Grantee Activity: (6B::CT6) By August 30, 2006 DPH will assure that appropriate domestic and international travel advisories are communicated to the general public.

Est. Completion
2006/08/30

Current Capacity

(6B::CT6) Emergency press release protocols are currently in place.

Evaluation Plan

(6B::CT6) DPH will measure response times for the release of travel advisories.

Critical Task 7: Decrease the time needed to provide accurate and relevant public health and medical information to clinicians and other responders.

Grantee Activity: (6B::CT7) By August 30, 2006, a communication plan will be integrated and institutionalized for the Wisconsin Department of Health and Family Services which includes protocols for notifying public health staff, clinicians and other responders in a timely manner. By August 30, 2006, DPH will develop and compile materials for public information tool kits. Each toolkit will include fact sheets, PSA scripts, behavioral health risk documents, and template news release(s). The Pandemic Influenza risk communication tool kit will be the first priority. These tool kits will be approved prior to any event by DHFS management for quick release in the event that they are needed. By August 30, 2006, Just in time training for clinicians and volunteers will include the communications tool kits.

Est. Completion
2006/08/30

Current Capacity

(6B::CT7) DPH currently utilizes the WI PHIN and command caller, blast-fax, and mass e-mail to quickly notify local public health and other responders. Some fact sheets have already been developed. These will be updated and incorporated into toolkits. The DPH preparedness web site and the WI PHIN currently have topic areas for housing risk communication materials. The Wisconsin Emergency Assistance Volunteer Registry currently has over 1,000 medical and behavioral health care professionals that can be activated in an emergency.

Evaluation Plan

(6B::CT7) DPH will survey LPHD to determine the usefulness of the tool kits. DPH will measure response times for the release of public information. Use of the statewide 211 system will be incorporated into plans and exercises.

6C: Worker Health Safety: No further harm to any first responder, hospital staff member, or other relief provider due to preventable exposure to secondary trauma, chemical release, infectious disease, or physical and emotional stress after the initial event or during decontamination and event follow-up.

Critical Task 1: Increase the availability of worker crisis counseling and mental health and substance abuse behavioral health support.

Grantee Activity: (6C::CT1) By August 30, 2006, training on developing and exercising community emergency mental health/human services/substance abuse plans will be provided to County/Tribal Wisconsin Health and Human Services agencies. DDES will conduct a survey of hospitals to assess their capacity to plan for and respond to the psychosocial consequences of emergency room and hospital utilization during public health threats and emergencies. Based upon the results of the survey, DDES will conduct training and provide technical assistance to hospitals to improve emergency response planning to address the psychosocial consequences of an event. Crisis counseling training (FEMA model) will be offered to behavioral health and health care professional volunteers that are registered in the Wisconsin Emergency Assistance Volunteer Registry (WEAVR). WEAVR volunteers will have the ability to indicate expertise in crisis counseling in the Skills Profile section of the WEAVR database. Specific recommendations to include the unique needs of special populations in disaster mental health training will be made by the Disaster Human Services Oversight Committee. Access to training on crisis counseling training (FEMA model) will be assured or provided directly to WEAVR volunteers, locals, and DHFS staff.

Est. Completion
2006/08/30

Current Capacity

(6C::CT1) Special populations: The Community Coalition is organized to advise DPH on including the unique needs of special populations in Public Health Emergency Plans. Leadership of the Community Coalition in 2005 is provided by DPH partner agency, Division of Disability and Elder Services (DDES). The review and revision of a checklist for public health and human services agencies self-assessment of ability to respond to special populations in emergencies and a checklist for provider/caregiver planning to individual clients is in process. Training: Recruitment of licensed behavioral health professions to WEAVR is underway. A 200% increase was seen in the first month. WEAVR volunteers who indicate they wish to receive training information from regional consortia are provided with that information. WEAVR volunteers can access training courses listed on WI-TRAIN via the HAN where the volunteer database (WEAVR) resides. DDES participated with DPH in Mass Clinic Training, educating participating public health and hospital staff on the psychosocial consequences of disaster and a mass clinic environment. Crisis Counseling Skills: There is currently a Skills Profile section in the WEAVR database. An enhancement in 2005 includes the ability for a volunteer to indicate expertise in crisis counseling. Crisis counseling training (FEMA model) has been completed with behavioral health staff from various partner organizations.

Evaluation Plan

(6C::CT1) Crisis Counseling Training will be offered statewide. Participation in Crisis counseling training will be documented through the TRAIN LMS. Successful completion and compilation of an assessment by hospitals will be published. Training and technical assistance will be provided to hospitals based on the survey results. Current and future activities are based on assessment. WEAVR volunteers registering with expertise in crisis counseling will be verified in the database. Recommendations made by the Disaster Human Services oversight committee will be documented in Meeting minutes and applied to future trainings.

Critical Task 2: Increase compliance with public health personnel health and safety requirements.

Grantee Activity: See Critical Tasks 2a - 2c.

Est. Completion
2006/08/30

Current Capacity

See Critical Tasks 2a - 2c.

Evaluation Plan

See Critical Tasks 2a - 2c.

Critical Task 2a: Provide Personal Protection Equipment (PPE) based upon hazard analysis and risk assessment.

Grantee Activity: (6C::CT2a) By January 31, 2006, the Division of Public Health will finalize and distribute to preparedness consortia, guidance on the application and use of personal protective equipment.

Est. Completion
2006/08/30

Current Capacity

(6C::CT2a) Draft guidance has been prepared for public health preparedness consortia staff on personal protective equipment needs for public health response to biological, chemical or radiological incidents. Local public health and first responder agencies are purchasing PPE based on these recommendations.

Evaluation Plan

(6C::CT2a) DPH will offer training and will evaluate LPHD proficiency in the use of PPE through participant demonstration.

Critical Task 2b: Develop management guidelines and incident health and safety plans for public health responders (e.g.; heat stress, rest cycles, PPE).

Grantee Activity: (6C::CT2b) By August 30, 2006, a Chemical Exposure Assessment Team (CEAT) will be identified; members will be fully equipped with personal protective equipment, fully trained in hazmat safety and the use of PPE and exercised using a chemical terrorism scenario. By August 30, 2006, radiological response teams will be trained and exercised to provide effective response to potential incidents involving radiological materials or nuclear devices.

Est. Completion
2006/08/30

Current Capacity

(6C::CT2b) The plans and procedures for a Chemical Exposure Assessment Team (CEAT) have been drafted, team members have been identified and equipped and training is underway. While not first responders, the CEAT team has the capability to provide technical assistance to first responders and others during an incident involving the release of and exposure to chemicals or radioactive sources. CEAT provide 1) toxicological and technical support, 2) environmental sampling capabilities, 3) the assessment of human exposure risk, and 4) recommendations to prevent and reduce exposure. Radiological public health response teams (field and ingestion teams) have been identified and trained to respond to emergencies involving nuclear power generation.

Evaluation Plan

(6C::CT2b) CEAT and radiological response teams will be exercised and evaluated.

Critical Task 2c: Provide technical advice on worker health and safety for IC and UC.

Grantee Activity: (6C::CT2c) By August 30, 2006, Wisconsin's eight regional hazmat teams will be able to access toxicological, radiological and medical resources available through the Wisconsin Division of Public Health and the WSLH OSHA consultation program.

Est. Completion
2006/08/30

Current Capacity

(6C::CT2c) The hazmat teams have internet capability on their rigs to access the following federal databases for information: CAMEO, NIOSH pocket guide, and ATSDR Managing Hazardous Materials Incidents.

Evaluation Plan

(6C::CT2c) List of resources available to hazmat teams will be maintained and updated, and posted on PHIN.

Critical Task 3: Increase the number of public health responders that receive hazardous material training.

Grantee Activity: (6C::CT3) By August 30, 2006, all public health members of the Chemical Exposure Assessment Team (CEAT) will have received appropriate Hazmat training as required under 29 CFR, 1910.120.

Est. Completion
2006/08/30

Current Capacity

(6C::CT3) A chemical exposure assessment team (CEAT) plan has been developed to ensure effective public health response to chemical or radiological emergencies.

Evaluation Plan

(6C::CT3) Hazmat training and annual 8 hour refresher course for CEAT members will be documented.

6D: Isolation and Quarantine: Successful separation, restriction of movement, and health monitoring of individuals and groups who are ill, exposed, or likely to be exposed, in order to stop the spread of a contagious disease outbreak. Legal authority for these measures is clearly defined and communicated to the public. Logistical support is provided to maintain measures until danger of contagion has elapsed.

Critical Task 1: Assure legal authority to isolate and/or quarantine individuals, groups, facilities, animals and food products.

Grantee Activity: (6D::CT1) By August 30, 2006, isolation and quarantine protocols will be developed and then technical assistance will be provided to local public health and partners on how to incorporate these protocols into exercises and drills. A course planning committee will be convened to develop a Wisconsin specific version of the CDC Foundational Course "Public Health Emergency Law." DPH will provide access to and coordinate on-line and/or regional face-to-face delivery of the course in collaboration with the Consortia Training Coordinators. Legal fees will be provided for purchase of DHFS Legal Counsel Consultation in the review of Preparedness documents and the continuation of Legal Issues Workgroup.

Est. Completion
2006/08/30

Current Capacity
(6D::CT1) DPH has a standing Legal Issues Workgroup to organize legal questions for legal opinions from the Department Office of Legal Council. Based on HRSA legal guidance, 12 workgroups have been established to develop guidance for each category. With the HRSA program, a legal hotline and legal guide for mass casualty events has been established.

Evaluation Plan
(6D::CT1) Participation in training will be documented and tracked via TRAIN. End of course evaluations will be used to test if instructional objectives were met.

Critical Task 2: Coordinate quarantine activation and enforcement with public safety and law enforcement.

Grantee Activity: (6D::CT2) By August 30, 2006, DPH will provide access to training, exercises and relevant resources on the legal issues regarding isolation and quarantine as part of the Public Health Emergency Law, CDC Foundational Course for Front-line Practitioners to enhance the coordination of quarantine activation and enforcement with public safety, law enforcement, and other state agencies.

Est. Completion
2006/08/30

Current Capacity
(6D::CT2) Currently Wisconsin legal authority is well documented and understood, however, implementation of isolation and quarantine practice needs to be detailed, demonstrated and exercised.

Evaluation Plan
(6D::CT2) LPHD will test isolation and quarantine procedures within the public health emergency plan through statewide exercises.

Critical Task 3: Improve monitoring of adverse treatment reactions among those who have received medical countermeasures and have been isolated or quarantined.

Grantee Activity: (6D::CT3) By August 30, 2006, provide WIR-PC to all users so that data may be entered regarding vaccines related to public health emergencies, countermeasures, and adverse treatment reactions in the absence of Internet connection. Consideration will be given for coverage of counties that do not participate on WIR. Provide template for data collection for inclusion in PHEP.

Est. Completion
2006/08/30

Current Capacity
(6D::CT3) The Wisconsin Immunization Registry (WIR) is undergoing enhancement to allow not only immunizations, but countermeasures, to be documented. Adverse reactions are already able to be documented, and all adverse vaccine reactions are reported to VAERS. Communication between the PVS and WIR is under development, to avoid double entry of vaccine and countermeasure data.

Evaluation Plan
(6D::CT3) Successful completion of testing and evaluation of entering information into WIR offline and then synchronize the data. Successful development of a template used for data collection.

Critical Task 4: Coordinate public health and medical services among those who have been isolated or quarantined.

Grantee Activity: (6D::CT4) By August 30, 2006, DPH will provide templates for inclusion in Public Health Emergency Plans (PHEP) and additional training to local health departments, tribes and the medical community.

Est. Completion
2006/08/30

Current Capacity
(6D::CT4) The state and local PHEP contains protocols for defining responsibilities during isolation and quarantine. Training on these plans to stakeholders is being accomplished through the preparedness consortia.

Evaluation Plan
(6D::CT4) DPH will draft and distribute isolation and quarantine procedures to LPHD via the public health emergency plan.

Critical Task 5: Improve comprehensive stress management strategies, programs, and crisis response teams among those who have been isolated or quarantined.

Grantee Activity: (6D::CT5) By August 30, 2006, DDES will create and train crisis response teams in regard to the psychosocial consequences of isolation and quarantine. The program will be implemented in two pilot sites, one urban and one rural. This will address stress management strategies for those who have been isolated or quarantined as a result of public health emergencies by: 1) Identifying appropriate members for crisis response teams (e.g., community public health, behavioral health WEAVR volunteers, and faith-based community members); 2) Determining best practices standards for comprehensive stress management strategies programs; 3) Providing training to crisis response team members on the psychosocial consequences of: Events, Isolation and quarantine, Special populations; 4) Providing training on mental health and stress reduction strategies for: Staff, Those isolated and quarantined, Unique needs of special populations

Est. Completion
2006/08/30

Current Capacity

(6D::CT5) Disaster Human Services Project: DDES has contracted with a vendor and added three full time staff for disaster human services planning and response capacity. Staff are working with counties to develop and enhance the capacity of health and human service agencies to respond in the event of a disaster or terrorist event. Special populations: The Disaster Human Services Oversight Committee is organized to advise DPH and DDES on including the unique needs of special populations in unique emergency environments or conditions. Training: WEAVR volunteers who indicate they wish to receive training information from regional consortia are provided with that information. DDES participated with DPH in Mass Clinic Training in 10 public health consortia throughout Wisconsin, educating participating public health and hospital staff on the psychosocial consequences of disaster and a mass clinic environment. DDES provided crisis counseling training to behavioral health staff of Waukesha County and three Waukesha area behavioral health hospitals on 5-18-2005. TRAIN: WEAVR volunteers can access training courses listed on WI TRAIN via the HAN where the volunteer database (WEAVR) resides. Stress Reduction: DDES participated with DPH in Mass Clinic Training for 10 Public Health Consortia throughout Wisconsin which included information on establishing clinic operations and developing shift staffing patterns that reflect the needs of clinic staff to exercise appropriate work/rest cycles.

Evaluation Plan

(6D::CT5) Department of Disability and Elder Services will Identify members for 2 crisis response teams and verify their completion of training.

Critical Task 6: Direct and control public information releases about those who have been isolated or quarantined.

Grantee Activity: (6D::CT6) By December 30, 2005, DPH will develop an isolation and quarantine tool kit. The toolkit will include protocols, check lists, Q&A, sample public notices, signage, template press releases, fact sheets, talking points and public service announcement scripts. By August 30, 2006, DPH will coordinate with 211 call center staff and emergency response partners to incorporate the 211 system into plans and exercises to solidify the role of 211 in an emergency. HAN/PHIN directory integration with command caller for news media outlets for rapid push of public information; incident command tracking center support.

Est. Completion
2006/08/30

Current Capacity

(6D::CT6) DPH has developed checklists for persons in quarantine and isolation and a template news release. A public message checklist for likely questions from the general public has also been developed. 211 call centers have been established, and DPH is currently developing protocols and an information database

Evaluation Plan

(6D::CT6) DPH will survey LPHD to determine the usefulness of the tool kits. DPH will measure response times for the release of public information. Use of the statewide 211 system will be incorporated into plans and exercises.

Critical Task 7: Decrease time needed to disseminate health and safety information to the public regarding risk and protective actions.

Grantee Activity: (6D::CT7) By August 30, 2006, DPH will develop and compile materials for public information tool kits. Each toolkit will include fact sheets, PSA scripts, behavioral health risk documents, and template news release(s). These tools kits will be approved prior to any event by DHFS management for quick release in the event that they are needed. By

August 30, 2006, DPH will coordinate with 211 call center staff and emergency response partners to incorporate the 211 system into plans and exercises to solidify the role of 211 in an emergency. By August 30, 2006, a communication plan will be integrated and institutionalized for the Wisconsin Department of Health and Family Services which includes protocols for media briefings and timely release of information during public health emergencies.

Est. Completion
2006/08/30

Current Capacity

(6D::CT7) Fact sheets and checklists have been developed. These will be updated and incorporated into toolkits. The DPH preparedness web site and the WI PHIN currently have topic areas for housing risk communication materials. 211 call centers have been established, and DPH is currently developing protocols and an information database. DPH has a crisis communications plan that will be broadened for use by the Department.

Evaluation Plan

(6D::CT7) DPH will survey LPHD to determine the usefulness of the tool and kits. DPH will measure response times for the release of public information. Use of the statewide 211 system will be incorporated into plans and exercises.

Critical Task 8: Have or have access to a system to collect, manage, and coordinate information about isolation and quarantine, compliant with PHIN Preparedness Functional Area Countermeasure and Response Administration.

Grantee Activity: (6D::CT8) By August 30, 2006, define the WI requirements for an outbreak management system, review available products which meet both PHIN and Wisconsin requirements, and select a system for piloting in Wisconsin. By August 30, 2006, integrate WIR with WIPHIN to allow sharing of data with other PHIN-compliant applications.

Est. Completion
2006/08/30

Current Capacity

(6D::CT8) The Wisconsin Immunization Registry (WIR) is being enhanced to allow information about countermeasures such as isolation and quarantine to be entered. (6D.CT3) Communication between the WIR and any outbreak management system would be an important part of a comprehensive response to a communicable disease outbreak.

Evaluation Plan

(6D::CT8) WI DPH will have selected a system for use in outbreak management.

6E: Mass Prophylaxis and Vaccination: Appropriate prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event, with an emphasis on the prevention, treatment, and containment of the disease. Prophylaxis and vaccination campaigns are integrated with corresponding public information strategies.

Critical Task 1: Decrease the time needed to dispense mass therapeutics and/or vaccines.

Grantee Activity: See Critical Tasks 1a - 1d.

Est. Completion
2006/08/30

Current Capacity

See Critical Tasks 1a - 1d.

Evaluation Plan

See Critical Tasks 1a - 1d.

Critical Task 1a: Implement local, (tribal, where appropriate), regional and State prophylaxis protocols and plans.

Grantee Activity: (6E::CT1a) By August 30, 2006, deploy CHEMPACK containers to various storage facilities throughout the state and provide for the ongoing maintenance of the storage facility and the inspection of nerve agent antidotes. By August 30, 2006, Complete the plan to move SNS material from the RSS warehouse to hospitals and dispensing sites. Using the state procurement process select a commercial transportation provider to support the SNS transportation Plan. By August 30, 2006, establish MOU for 7 RSS warehouses and facilitate any needed repairs or modifications required specifically by CDC to support SNS storage. By August 30, 2006, conduct a tabletop and full-scale SNS exercise in the Milwaukee MSA to test the deployment of Strategic National Stockpile.

Est. Completion
2006/08/30

Current Capacity

(6E::CT1a) Currently DPH is inspecting storage facilities to insure DEA compliance and facilitating any needed repairs or modifications. Currently

Evaluation Plan

(6E::CT1a) Site inspections of all CHEMPACK locations Announced RFB for transportation of medical supplies CDC site inspections of all 36 warehouse

DPH is seeking additional RSS warehouse facilities and conducting route planning. DPH is negotiating MOUs with several facilities and seeking additional RSS warehouse facilities. DPH has coordinated with Wisconsin Emergency Management and the City and County of Milwaukee established exercise goals and objectives. Working on exercise timeline and with CDC to get DSNS support for full-scale exercise.

locations After action report from SNS tabletop and full-scale exercise

Critical Task 1b: Achieve and maintain the Strategic National Stockpile (SNS) preparedness functions described in the current version of the Strategic National Stockpile guide for planners.

Grantee Activity: (6E::CT1b) By August 30, 2006, Conduct quarterly SNS meetings of state and local representatives to review strategy, policy and procedural issues pertaining to Strategic National Stockpile.		
Est. Completion 2006/08/30	Current Capacity (6E::CT1b) Currently DPH host SNS Meetings every two months.	Evaluation Plan (6E::CT1b) Meeting minutes will be posted on the HAN and crosscutting issues brought to the Division of Public Health Preparedness steering committee.

Critical Task 1c: Ensure that smallpox vaccination can be administered to all known or suspected contacts of cases within 3 days and, if indicated, to the entire jurisdiction within 10 days.

Grantee Activity: (6E::CT1c) By August 30, 2006, state and local health departments will continue to exercise and adjust (as needed) mass clinic plans.		
Est. Completion 2006/08/30	Current Capacity (6E::CT1c) State and local health have established and exercised mass clinic plan operations that include the distribution of smallpox vaccine as directed by CDC. Plans will continue to be exercised annually.	Evaluation Plan (6E::CT1c) Local Public Health Departments will conduct a Mass Clinic exercise and submit the after action report to DPH analyze and establishing training needs and goals for 2007 exercises

Critical Task 1d: Have or have access to a system to collect, manage, and coordinate information about the administration of countermeasures, including isolation and quarantine, compliant with PHIN Preparedness Functional Area Countermeasure and Response Administration.

Grantee Activity: (6E::CT1d) By August 30, 2006, provide WIR-PC to all users so that data may be entered regarding vaccines related to public health emergencies, countermeasures, and adverse treatment reactions in the absence of Internet connection. By August 30, 2006, develop a strategy to integrate WIR with WIPHIN to allow sharing of data with other PHIN-compliant applications.		
Est. Completion 2006/08/30	Current Capacity (6E::CT1d) The Wisconsin Immunization Registry (WIR) is undergoing enhancement to allow not only immunizations, but countermeasures, to be documented. Adverse reactions are already able to be documented, and all adverse vaccine reactions are reported to VAERS. Communication between the PVS and WIR is under development, to avoid double entry of vaccine and countermeasure data. Communication between the WIR and any outbreak management system would be an important part of a comprehensive response to a communicable disease outbreak.	Evaluation Plan (6E::CT1d) Provide hands on training for LPH on the SNS and Isolation and Quarantine modules of the WIR

Critical Task 2: Decrease time to provide prophylactic protection and/or immunizations to all responders, including non-governmental personnel supporting relief efforts.

Grantee Activity: (6E::CT2) By August 30, 2006, each dispensing site will have participated in a tabletop exercise related to the deployment of the IPS. IPS Exercise - a tabletop exercise in the first year after the Interim Pharmaceutical Stockpile has been deployed for HRSA and PH, then an exercise every two years by both Distribution Sites and Dispensing Sites.

Est. Completion
2006/08/30

Current Capacity

(6E::CT2) DPH has provided pilot group of hospitals and LPHD with a draft IPS Users Manual. Conducted several meetings for feedback and comments.

Evaluation Plan

(6E::CT2) Local Public Health Department will submit an after action report to Division Public Health to analyze and identify training needs and goals for 2007 exercises

Critical Task 3: Decrease the time needed to release information to the public regarding dispensing of medical countermeasures via the jurisdiction's JIC (if JIC activation is needed)

Grantee Activity: (6E::CT3) By August 30, 2006, DPH will develop and compile materials for public information tool kits organized by attack agent. Each toolkit will include fact sheets, PSA scripts, behavioral health risk documents, and template news release(s). The Pandemic Influenza risk communication tool kit will be the first priority. These tools kits will be approved prior to any event by DHFS management for quick release in the event that they are needed. By August 30, 2006, a communication plan will be integrated and institutionalized for the Wisconsin Department of Health and Family Services which includes protocols for media briefings during public health emergencies.

Est. Completion
2006/08/30

Current Capacity

(6E::CT3) Fact sheets and checklists have been developed. These will be updated and incorporated into toolkits. The DPH preparedness web site and the WI PHINDPH has a crisis communications plan that will be broadened for use by the Department. In 2005, DHFS leadership was trained in risk communications by Dr. Vincent Covello.

Evaluation Plan

(6E::CT3) DPH will survey LPHD to determine the usefulness of the tool kits. DPH will measure response times for the release of public information. Use of the statewide 211 system will be incorporated into plans and exercises.

6F: Medical and Public Health Surge: Cases are investigated by public health to reasonably minimize morbidity and mortality rates, even when the numbers of casualties exceed the limits of the normal medical infrastructure for an affected community.

Critical Task 1: Improve tracking of cases, exposures, adverse events, and patient disposition.

Grantee Activity: See Critical Task 1a.

Est. Completion
2006/08/30

Current Capacity

See Critical Task 1a.

Evaluation Plan

See Critical Task 1a.

Critical Task 1a: Have or have access to a system that provides these capabilities consistent with PHIN Preparedness Functional Area Outbreak Management.

Grantee Activity: (6F::CT1a) By August 30, 2006, define the WI requirements for an outbreak management system, review available products which meet both PHIN and Wisconsin requirements, and select a system for piloting in Wisconsin.

Est. Completion
2006/08/30

Current Capacity

(6F::CT1a) Current outbreak management is done by local health department with state health department staff, depending on the illness and the size and jurisdiction of the outbreak. No single electronic system provides information to all those involved in outbreak management.

Evaluation Plan

(6F::CT1a) WI DPH will have selected a system for use in outbreak management.

Critical Task 2: Decrease the time needed to execute medical and public health mutual aid agreements.

Grantee Activity: (6F::CT2) By August 30th 2006, at least one exercise will be completed and evaluated which includes exercising Mutual Aid agreements across local public health jurisdictional lines and at the State Division of Public health through testing EMAC via the EOC.

Est. Completion
2006/08/30

Current Capacity
(6F::CT2) Mutual Aid agreements signed and implemented in local jurisdictions. Legislation including Wisconsin Act 186 and EMAC effective. Exercises conducted during current grant cycle locally and regionally which tested Mutual Aid procedures.

Evaluation Plan

(6F::CT2) Successful completion of 1 exercise, compilation of After Action Report, recommendations for revisions to all mutual aid based on exercise outcomes.

Critical Task 3: Improve coordination public health and medical services.

Grantee Activity: See Critical Tasks 3a - 3b.

Est. Completion
2006/08/30

Current Capacity
See Critical Tasks 3a - 3b.

Evaluation Plan

See Critical Tasks 3a - 3b.

Critical Task 3a: Ensure epidemiology response capacity consistent with hospital preparedness guidelines for surge capacity.

Grantee Activity: (6F::CT3a) By August 30, 2006, maintain and increase epidemiologic capacity throughout WI by: 1) continue funding of consortia, WSLH, and City of Milwaukee epidemiology staff 2) explore the potential for epidemiologist staffing at regional offices 3) explore mechanisms for use of epidemiologists in multi-jurisdictional outbreaks and incidents 4) continue training for local health department staff and public health partners 5) ensure mechanism for role-based access to local, regional, and state data necessary for epidemiologic investigation (see 4A, 2ACT1d, 5A.CT1)

Est. Completion
2006/08/30

Current Capacity
(6F::CT3a) State has provided funding to LPHD to increase epi capacity including additional funding to city of MKE, WSLH to support epidemiological response. State provides technical assistance, lead or backup capacity depending on the event. State provides integration of Epi capacity with current regional or local programmatic areas.

Evaluation Plan

(6F::CT3a) Epidemiologists will continue to be employed by WSLH, the City of Milwaukee Health Department, and the Public Health consortia. A draft description of the roles, responsibilities, and places of hire of epidemiologists in WI public health will be developed.

Critical Task 3b: Participate in the development of plans, procedures, and protocols to identify and manage local, tribal, and regional public health and hospital surge capacity.

Grantee Activity: (6F::CT3b) By August 30th 2006, A recruitment and marketing plan for WEAVR will be integrated into an overall plan to manage surge capacity at all levels, local, tribal, regional public health and hospitals. By August 30th 2006, exercises will be completed and evaluated including exercising Public Health Emergency Plans by each local public health jurisdiction and at the State Division of Public health via the EOC.

Est. Completion
2006/08/30

Current Capacity
(6F::CT3b) The statewide database –WEAVR is functional. Written protocols for WEAVR have been developed and distributed. State and Local staff are continuing to recruit in collaboration with partners. Training opportunities are developed and offered to volunteers. Public Health and Hospitals Plans were developed collaboratively through the creation of a statewide template that has been tailored based on local and regional needs. Plans, procedures, and protocols have been exercised and adapted based on After Action Report results.

Evaluation Plan

(6F::CT3b) LPHD will identify volunteers using the WEAVR system in statewide exercises.

Critical Task 4: Increase the proficiency of volunteers and staff performing collateral duties in performing epidemiology investigation and mass prophylaxis support tasks.

Grantee Activity: (6F::CT4) By August 30th 2006 epi investigation teams consisting of LPHD staff will be created and trained. By August 30th 2006 training opportunities on performing epidemiology investigation and mass prophylaxis support will be available for and promoted to WEAVR volunteers. By August 30, 2006 appropriate training will be identified and provided to public health staff and other response partners based on analysis of assessment data by the education and training advisory committee.

Est. Completion
2006/08/30

Current Capacity

(6F::CT4) State has provided funding to LPHD to increase epi capacity including additional funding to city of MKE, WSLH to support epidemiological response. State provides technical assistance, lead or backup capacity depending on the event. State provides integration of Epi capacity with current regional or local programmatic areas. The WEAVR volunteers self identify as interested in participating in training. Locals have access to their names and we can track their training and proficiency based on the Learning Management System (TRAIN). Mass Clinic plans developed. Mass Clinic Training Conducted statewide. Job Action Sheets developed for all positions in Mass Clinic ICS Structure. Mass Clinic plans tested via local and regional exercises. Assessment completed in current grant period. EdTRAC currently reviewing the data and making training recommendations based on identified gaps.

Evaluation Plan

(6F::CT4) Training materials (including job description lists, guidelines for epidemiologic investigation in WI, and self-evaluation tools) will be present on the PHIN. Local public health departments will have rosters of trained volunteers in their jurisdictions, and the state health department will have a roster of trained volunteers available throughout the state.

Critical Task 5: Increase the number of physicians and other providers with experience and/or skills in the diagnosis and treatment of infectious, chemical, or radiological diseases or conditions possibly resulting from a terrorism-associated event who may serve as consultants during a public health emergency.

Grantee Activity: (6F::CT5) By August 30, 2006 appropriate training in the diagnosis and treatment of infectious, chemical, or radiological diseases or conditions possibly resulting from a terrorism-associated event will be identified and made available to health care disciplines including physicians based on analysis of assessment data by the education and training advisory committee. By August 30, 2006, a process for providing the above training on a just-in-time basis will be developed. By August 30 2006, the number of physicians participating in WEAVR will be increased based on volunteer recruitment efforts. A target number will be set as a goal.

Est. Completion
2006/08/30

Current Capacity

(6F::CT5) Assessment completed in current grant period. EdTRAC currently reviewing the data and making training recommendations based on identified gaps. TRAIN LMS is used to track the number of physicians and other providers trained. The statewide database –WEAVR is functional. Written protocols for WEAVR have been developed and distributed. State and Local staff are continuing to recruit in collaboration with partners. Training opportunities are developed and offered to volunteers.

Evaluation Plan

(6F::CT5) Ongoing assessment of training needs to develop appropriate training plan. Training will be developed or coordinated in conjunction with partners. Participation in training will be documented and tracked via TRAIN. End of course evaluations will be used to test if instructional objectives were met. Evaluation instruments include tests, observations, checklists, tabletop and functional exercises.

G7: Decrease the time needed to restore health services and environmental safety to pre-event levels.

7A: Economic and Community Recovery: Recovery and relief plans are implemented and coordinated with the nonprofit sector and nongovernmental relief organizations and with all levels of government. Economic impact is estimated. Priorities are set for recovery activities. Business disruption is minimized. Individuals and families are provided with appropriate levels and types of relief with minimal delay.

Critical Task 1: Conduct post-event planning and operations to restore general public health services.

Grantee Activity: (7A::CT1) By August 30, 2006, the Business & Labor Coalition managed by the UW School for Workers will maintain a worker safety web presence, provide communication and implementation of training on developing emergency business response and recovery plans to include psychosocial impact of mass casualty, and promote recruitment of volunteers from area businesses in an emergency using the Midwest Area Regional Public Health Leadership Institute (MARPHLI) format. By August 30, 2006, the WEAVR will be assessed to determine which jobs and/or skills categories may be missing or lacking in number of volunteers during the recovery phase of an event.

Est. Completion
2006/08/30

Current Capacity
(7A::CT1) The Business and Labor Coalition consists of organizations interested in maintaining worker safety in mass casualty or outbreak situations. The Coalition has developed an educational video/DVD on developing and exercising emergency response plans for businesses in Wisconsin.

Evaluation Plan
(7A::CT1) Participation in training will be documented and tracked via TRAIN. End of course evaluations will be used to test if instructional objectives were met. # of volunteers recruited through Business and Labor Coalition marketing plan.

Critical Task 2: Decrease the time needed to issue interim guidance on risk and protective actions by monitoring air, water, food, and soil quality, vector control, and environmental decontamination, in conjunction with response partners.

Grantee Activity: (7A::CT2) By August 30, 2006, the Division of Public Health will ensure quick and timely guidance on risk and protective actions by monitoring air, water, food, and soil quality, vector control, and environmental decontamination, in conjunction with response partners: 1) by having Chemical Exposure Assessment Team (CEAT) members identified, trained, and exercised; 2) by implementing and exercising the state radiological emergency response plan, which goes beyond nuclear power plant response to include dirty bombs; 3) by having Emergency Response Drinking Water Collection kits placed strategically throughout the state. Kits will be distributed in July 2005 and training will be delivered in August 2005 at each WEM region; 4) by establishing a baseline for statewide chemical exposure surveillance using the software Toxitrack to access data from the poison control center; 5) by fully utilizing satellite communications capability between Hazmat and the State Lab of Hygiene; 6) by exploring the use of Biowatch data in Biosense database for air monitoring and early detection; and 7) by encouraging mosquito monitoring and control at the local level.

Est. Completion
2006/08/30

Current Capacity
(7A::CT2) The Chemical Exposure Assessment Teams (CEAT), while not first responders, have the capability to provide technical assistance to first responders and others during an incident involving the release of and exposure to chemicals or radioactive sources. CEAT provide 1) toxicological and technical support, 2) environmental sampling capabilities, 3) the assessment of human exposure risk, and 4) recommendations to prevent and reduce exposure. A Radiological Incident Response Plan has been developed to handle all radioactive emergencies at nuclear power plants in or near Wisconsin. Activities include: developing and conducting training for state, local and utility emergency responders; procedure development; exercise scenario development; and participation in scheduled nuclear plant emergency preparedness exercises evaluated by the Federal Emergency Management Agency (FEMA). Field teams recently completed training at Argonne National Lab on responding to dirty bombs and finding sources. A protocol for responding to a threat of public drinking utility of suspected biological, chemical, and/or radiological agents has been developed by an interagency workgroup (DHFS, DNR, WEM, DHFS, HazMat, WSLH, DATCP lab, crime lab, Vet Diagnostic Lab, Rural Water Association, Milwaukee Health, Milwaukee Water Utility, and WEM). Toxitrack allows DPH to access data from the Poison Control Center. Data can be used in the early identification of chemical exposure. Software is currently being installed at DPH. Satellite and communications equipment was purchased and setup with funds from OJA. The intent is to transfer FTIR data from the field to the SLH so that SLH can assist Hazmat with interpretation of data.

Evaluation Plan
(7A::CT2) CEAT and radiological response plans will be maintained and updated as needed after exercises. Debriefing will occur after exercises. Drinking water contamination emergency response guide will be maintained and updated in conjunction with DNR and WSLH. Locations for the Emergency Response Drinking Water Collection kits will be maintained and updated in conjunction with DNR and WSLH. Toxitrack reports for chemical exposure surveillance will be available. Satellite communications between hazmat and WSLH will be documented.

G8: Increase the long-term follow-up provided to those affected by threats to the public's health.

8A: Recover: Increase the long-term follow-up provided to those affected by threats to the public's health.

Critical Task 1: Develop and coordinate plans for long-term tracking of those affected by the event.

Grantee Activity: (8A::CT1) By August 30, 2006, ensure that the systems chosen for outbreak management and WI electronic disease reporting allow long-term tracking of those affected.

Est. Completion
2006/08/30

Current Capacity
(8A::CT1) Current tracking of those affected by an event is done with a combination of Access and Excel databases and paper reports faxed or mailed from those tracked. There is no single electronic system for use throughout Wisconsin.

Evaluation Plan
(8A::CT1) WI DPH will select, acquire and install an electronic disease surveillance system for statewide use by state and LHD. WI DPH will select a system for outbreak management. One of the criteria for both systems will be that they allow long-term tracking of persons and animals affected by the recorded event.

Critical Task 2: Improve systems to track cases, exposures, and adverse event reports.

Grantee Activity: (8A::CT2) By August 30, 2006, develop a strategy for integrating the WI electronic disease reporting system with the chosen outbreak management system and laboratory data on reportable diseases and the WIR, to allow comprehensive management of disease cases.

Est. Completion
2006/08/30

Current Capacity
(8A::CT2) Current tracking of those affected by an event is done with a combination of Access and Excel databases and paper reports faxed or mailed from those tracked. There is no single electronic system for use throughout Wisconsin.

Evaluation Plan
(8A::CT2) WI DPH will select, acquire and install an electronic disease surveillance system for statewide use by state and LHD. WI DPH will select a system for outbreak management. As they are installed and implemented, they will be integrated with the WIR for comprehensive management of disease cases.

Critical Task 3: Increase the availability of information resources and messages to foster community's return to self-sufficiency.

Grantee Activity: (8A::CT3) By August 30, 2006, DPH will develop and compile materials for public information tool kits. Each toolkit will include fact sheets, PSA scripts, behavioral health risk documents, and template news release(s). By August 30, 2006, DPH will coordinate 211 call center staff and emergency response partners to incorporate the 211 system into plans and exercises to solidify the role of 211 in the long term recovery process after an emergency.

Est. Completion
2006/08/30

Current Capacity
(8A::CT3) Some fact sheets have already been developed. These will be updated and incorporated into toolkits. The DPH preparedness web site and the WI PHIN currently have topic areas for housing risk communication materials. 211 call centers have been established, and DPH is currently developing protocols and an information database.

Evaluation Plan
(8A::CT3) Department of Disability and Elder Services (DDES) will confirm the distribution and receipt of behavioral health documents among local public health and human services departments statewide.

G9: Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

9A: Improve: Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

Critical Task 1: Exercise plans to test horizontal and vertical integration with response partners at the federal, State, tribal, and local level.

Grantee Activity: (9A::CT1) By August 30 2006, exercises will be conducted in each local jurisdiction and at the State level, with participation from response partners, testing the Public Emergency Plans utilizing ICS and NIMS.

Est. Completion
2006/08/30

Current Capacity
(9A::CT1) Exercises conducted during current grant cycle locally and regionally which tested Public Health Emergency Plan components. Plans were adjusted based on After Action Reports. NIMS/ICS training currently conducted for State and local staff.

Evaluation Plan
(9A::CT1) After Action Report of exercise will be developed and used and compiled and will be distributed to Public Health Consortia and will be the basis on which to build future exercises and will be used to revise existing all hazards plans.

Critical Task 2: Decrease the time needed to identify deficiencies in personnel, training, equipment, and organizational structure, for areas requiring corrective actions.

Grantee Activity: (9A::CT2) By August 30, 2006, utilize standard After Action Report to identify deficiencies in personnel, training, equipment and organizational structure in coordination with other emergency response partners within target times specified in the grant guidance.

Est. Completion
2006/08/30

Current Capacity
(9A::CT2) On an annual basis LPHD's are reviewing after action reports and making corrective actions to plans and protocols.

Evaluation Plan
(9A::CT2) DPH will develop and distribute to LPHD a standard after action report based on measures in the grant guidance which will be used for all exercises.

Critical Task 3: Decrease the time needed to implement corrective actions.

Grantee Activity: (9A::CT3) By August 30, 2006, the uniform After Action Report will include a corrective action plan template within target times specified in the grant guidance.

Est. Completion
2006/08/30

Current Capacity
(9A::CT3) On an annual basis LPHD's are reviewing after action reports and making corrective actions to plans and protocols.

Evaluation Plan
(9A::CT3) DPH will develop and distribute to LPHD a standard after action report based on measures in the grant guidance which will be used for all exercises.

Critical Task 4: Decrease the time needed to re-test areas requiring corrective action.

Grantee Activity: (9A::CT4) By August 30, 2006 areas identified as requiring corrective action will be retested through local and state exercises within an agreed timeline but at least annually.

Est. Completion
2006/08/30

Current Capacity

(9A::CT4) On an annual basis LPHD's are reviewing after action reports and making corrective actions to plans and protocols.

Evaluation Plan

(9A::CT4) DPH will develop and distribute to LPHD a standard after action report based on measures in the grant guidance which will be used for all exercises. Corrective actions identified in the after action report will be retested and modifications made to preparedness plans.

EWIDS: Cross-Border Early Warning Infectious Disease Surveillance

10A: Objective 3A: Develop and implement a program to collaborate with states or provinces across the international border to provide rapid and effective laboratory confirmation of urgent infectious disease case reports in the border region. Once appropriate cross-border laboratory linkages have been established to enable detection and confirmation of clinical, food and environmental specimens, work towards decreasing the time needed to detect biological agents in tissue, food or environmental samples collected from border jurisdictions that are threats to the public's health.

Example 1: If not already undertaken, survey and assess the surveillance and laboratory capacity on each side of the international border and the connectivity among these laboratories with a view towards (a) identifying and addressing needs or gaps with respect to their consistency or uniformity of testing standards, notification protocols, and laboratory-based surveillance data exchange practices and (b) developing bi-national, regional laboratory response capabilities.

Grantee Activity: (10A::NA1) By August 30, 2006, print and disseminate the products of binational workgroups to all pertinent stakeholders in all jurisdictions. By August 30, 2006, develop sentinel/clinical laboratory database for border regions that includes name, contact information, biosafety level, certification status, whether part of an electronic information-sharing network, and names and contact information for reference laboratories used.

Est. Completion
2006/08/30

Current Capacity

(10A::NA1) Emergency contact lists and Great Lakes Border Health Brochure completed. Laboratory contact information is complete, but the remainder of the information must be collected.

Evaluation Plan

(10A::NA1) Stakeholders in all jurisdictions will have printed version of all documents developed by binational workgroups. Successful completion of compilation of results of a lab survey will be published in the meeting minutes of the GLBHI Lab subcommittee. Database of border area labs developed and shared with all jurisdictions.

Example 2: Improve cross-border, electronic sharing of laboratory information with public health officials and other partners in neighboring jurisdictions (to facilitate the rapid formulation of an appropriate response to and control of the outbreak). Specific objectives are for jurisdictions on both sides of the international border to: (1) coordinate availability of and access to laboratories with appropriate expertise 24/7/365, and (2) test clinical specimens, food samples, and environmental samples for biological agents that could be used for terrorism.

Grantee Activity: (10A::NA2) By August 30, 2006, draft a Memorandum of Understanding to explore the potential sharing of data, personnel, and equipment during infectious disease public health emergencies among jurisdictions, including Ontario. By August 30, 2006, develop sentinel/clinical laboratory database for border regions that includes name, contact information, biosafety level, certification status, whether part of an electronic information-sharing network, and names and contact information for reference laboratories used.

Est. Completion

Current Capacity

Evaluation Plan

2006/08/30

(10A::NA2) Legal subcommittee is currently exploring the need to satisfy legal privacy requirements for exchange of medical data to be included in the development of the MOU. Data collection regarding the issues and regulations reported by the four states and one province involved has begun during 2004-2005. Legal contractors have been identified to perform the work. Laboratory contact information is complete, but the remainder of the information must be collected.

(10A::NA2) MOU will be drafted and approved by GLBHI Steering Committee and shared among jurisdictions. Successful completion of compilation of results of a lab survey will be published in the meeting minutes of the GLBHI Lab subcommittee. Database of border area labs developed and shared with all jurisdictions.

Example 3: Develop and maintain a database of all sentinel/clinical labs in your border region that includes name, contact information, Bio-Safety Level, certification status, and whether they are part of an information-sharing network. The database should also include the names and contact information for reference labs used by the sentinel/clinical labs in the border region.

Grantee Activity: (10A::NA3) By August 30, 2006, develop sentinel/clinical laboratory database for border regions that includes name, contact information, biosafety level, certification status, whether part of an electronic information-sharing network, and names and contact information for reference laboratories used.

Est. Completion
2006/08/30

Current Capacity

(10A::NA3) Laboratory contact information is complete, but the remainder of the information must be collected.

Evaluation Plan

(10A::NA3) Successful completion of compilation of results of a lab survey will be published in the meeting minutes of the GLBHI Lab subcommittee. Database of border area labs developed and shared with all jurisdictions.

Example 4: In coordination with local public health agencies on both sides of the border, apply information technology to develop or enhance electronic disease surveillance, including electronic disease reporting from clinical and public health laboratories and linkage of laboratory results to case report information.

Grantee Activity: (10A::NA4) By August 30, 2006, explore the feasibility of linkage of electronic disease reporting systems between jurisdictions based on the results of the survey currently underway. Evaluate the PHIN compliance of existing systems.

Est. Completion
2006/08/30

Current Capacity

(10A::NA4) Collection of information on current electronic disease reporting systems is underway among all partners.

Evaluation Plan

(10A::NA4) Exploration of the feasibility of linking the electronic disease reporting system will be published in the results of the PSC survey, which is currently underway, and also in meeting minutes of the GLBHI Public Health Communications subcommittee.

10B: Objective 3B: Conduct joint training for public health personnel from both sides of the border in surveillance-based laboratory methods and application of information technologies relevant to infectious disease surveillance and epidemiology.

Example 1: Partner with Schools of Public Health and/or CDC's Centers for Public Health Preparedness to develop binational training activities to enable border health professionals in the U.S., Canada and Mexico to receive introductory or advanced training jointly with their U.S. counterparts in surveillance, epidemiology, laboratory methods and information technologies that are relevant to the detection, reporting and investigation of infectious disease outbreaks.

Grantee Activity: (10B::NA1) By August 30, 2006, plan an international infectious disease tabletop exercise (to be conducted at the 2006 Annual Border Health Conference) which includes partners in emergency management, first responders, federal border control, and local, state, and provincial public health.

Est. Completion
2006/08/30

Current Capacity

(10B::NA1) Exercise facilitators are planning an initial tabletop with provincial, state, and local public health during the September 2005 annual

Evaluation Plan

distributed to jurisdictions and will be the basis on which to develop a future

10C: Objective 4A: Rapidly detect a bioterrorist event along the U.S. northern (including Alaska) and southern borders through a highly functioning mandatory reportable disease surveillance system, as evidenced by ongoing timely and complete reporting by providers and laboratories. The long-term objective is to develop and implement cross-border, interoperable disease tracking for all illnesses and conditions possibly resulting from bioterrorism and other infectious disease outbreaks. Continue to support the development or enhancement of reporting protocols, procedures, surveillance activities, information dissemination, or analytic methods that improve the usefulness of the reportable disease system on both sides of the border.

Example 1: If not already undertaken, collaborate with Canada or Mexico (as appropriate) to design, develop, and adopt a bi-national surveillance needs assessment tool to be used by public health officials on both sides of the border to identify gaps in the capacity of border jurisdictions to respond to bioterrorism event or infectious disease outbreak. Specific needs assessment studies should focus on availability of expertise, personnel and other resources to carry out epidemiology and surveillance activities essential to cross-border epidemiological investigations and response needs.

Grantee Activity: (10C::NA1) No activity planned.

Est. Completion
2006/08/30

Current Capacity

(10C::NA1) Bi-national public health assessment tool completed in 2004. Current activities of the regional group are based on that assessment.

Evaluation Plan

(10C::NA1) N/A

Example 2: Work with states and provinces across the international border to develop and agree on a list of notifiable conditions and distinguish between select conditions that require immediate reporting to the public health agency (at a minimum, CDC Category A agents) and conditions for which a delay in reporting is acceptable. For those where a delay is acceptable, describe time frames for notification.

Grantee Activity: (10C::NA2) By August 30, 2006, draft a Memorandum of Understanding to explore the potential sharing of data, personnel, and equipment during infectious disease public health emergencies between and among jurisdictions, including Ontario.

Est. Completion
2006/08/30

Current Capacity

(10C::NA2) Listing of diseases required to be reported in the involved jurisdictions will be completed by end of current contract period. Communication agreement with decision tree and reporting protocols under development, to be completed by August 30, 2005. Legal subcommittee is currently exploring the need to satisfy legal privacy requirements for exchange of medical data to be included in the development of the MOU.

Evaluation Plan

(10C::NA2) N/AMOU will be drafted and approved by GLBHI Steering Committee and shared among jurisdictions.

Example 3: Develop or improve infectious disease surveillance in a uniform manner along and across the international border by establishing a network of hospitals, clinics, epidemiologists and laboratories to conduct active sentinel surveillance for emerging infectious diseases and syndromes such as SARS, West Nile Virus, and fever and rash syndromes.

Grantee Activity: (10C::NA3) By August 30, 2006, study the development of the influenza sentinel providers network and use as a template to begin the development of a network of hospitals, clinics, epidemiologists, and laboratories to conduct active surveillance for emerging infectious diseases among jurisdictions. Consider partnering with CDC to adapt current reporting system for influenza sentinels to cross-border surveillance.

Est. Completion
2006/08/30

Current Capacity

(10C::NA3) All involved states and province have active influenza sentinel reporting network.

Evaluation Plan

(10C::NA3) Successful development of a template used to aid in the development of a network of hospitals, clinics, epidemiologists, and laboratories to conduct active surveillance for emerging infectious diseases. Network then operationalized between and among all jurisdictions involved.

Example 4: Continue to develop and evaluate sentinel/syndromic surveillance programs in border hospitals and clinics to rapidly detect (a) influenza-like illness (ILI) and distinguish possible bioterrorism-caused illness from other causes of ILI and (b) severe acute vesicular rash syndromes resembling smallpox and other febrile exanthemas to distinguish possible bioterrorism-caused illness from other causes and assist in case definition through specific clinical entry criteria and differential diagnosis.

Grantee Activity: (10C::NA4) By August 30, 2006, explore the feasibility of shared or interactive early event detection systems among Great Lakes Border Health partners.

Est. Completion
2006/08/30

Current Capacity

(10C::NA4) All states and province have some type of syndromic surveillance or early event detections system, which can rapidly detect ILI and severe acute vesicular rash syndromes.

Evaluation Plan

(10C::NA4) Discussion of the feasibility of shared early event detections systems will be documented in Public Health Communications subcommittee. If determined feasible, recommendations will be made to the GLBHI Steering Committee. Shared early event detection system process will be outlined in an updated version of the GLBH Public Health Communications agreement.

Example 5: Continue to engage federally recognized tribes along the international border in your state in cross-border infectious disease surveillance activities through mutual aid compacts, memoranda of understanding, and/or agreements. Where appropriate, include local binational health councils and/or Indian Tribes/Native American organizations in bioterrorism surveillance activities.

Grantee Activity: (10C::NA5) By August 30, 2006, each state will continue to engage tribal partners.

Est. Completion
2006/08/30

Current Capacity

(10C::NA5) Tribes affected by border health issues have been identified, and have been invited to participate in EWIDS activities.

Evaluation Plan

(10C::NA5) Participation of Tribal governments will be documented in meeting minutes and / or in the member attendance of the 2005-2006 GLBHI Conference.

Example 6: Assess the timeliness and completeness of your reportable disease surveillance system at least once a year for detecting and reporting outbreaks of infectious diseases in the border region.

Grantee Activity: (10C::NA6) No activity planned.

Est. Completion
2006/08/30

Current Capacity

(10C::NA6) N/A

Evaluation Plan

(10C::NA6) N/A

Example 7: Formulate, develop and, when feasible, test a bi-national 24/7 infectious disease reporting plan that extends its coverage area to jurisdictions on both sides of the border. State, provincial and/or priority local public health agencies develop/implement a cross-border early event detection system that: 1) receives immediately notifiable condition and emergent public health threat reports 24/7/365, 2) immediately notify the agency-designated public health professional 24/7/365, 3) have the agency-designated public health professional promptly respond to immediately notifiable condition or emergency public health threat reports 24/7/365, and 4) receive reportable disease reports 24/7/365.

Grantee Activity: (10C::NA7) By August 30, 2006, test the Great Lakes Border Health 24/7 Communications Plan using a fictitious scenario.

Est. Completion

Current Capacity

Evaluation Plan

10D: Objective 4B: Ensure electronic exchange of infectious disease related information (that would include clinical, laboratory and environmental data) in standard formats between the computer systems of your public health department and those of your counterpart agency across the international border.

Example 1: Conduct joint, cross-border assessments of information technology capabilities essential to infectious disease surveillance.

Grantee Activity: (10D::NA1) By August 30, 2006, conduct an international test of the HAN system across all of the involved jurisdictions. By August 30, 2006, draft a Memorandum of Understanding to explore the potential sharing of data, personnel, and equipment during infectious disease public health emergencies between and among jurisdictions, including Ontario.

Est. Completion
2006/08/30

Current Capacity

(10D::NA1) All states have HAN capability; HAN capability is being extended into Ontario. Legal subcommittee is currently exploring the need to satisfy legal privacy requirements for exchange of medical data to be included in the development of the MOU.

Evaluation Plan

(10D::NA1) Successful completion and an electronic evaluation report from the HAN test will be generated and distributed to all jurisdictions. MOU will be drafted and approved by GLBHI Steering Committee and shared among jurisdictions.

Example 2: Collaborate with public health officials in border jurisdictions to identify how infectious disease outbreak information can be most rapidly and effectively shared across the border. Together, border jurisdictions should explore the interoperability of information technology systems, i.e., the ability of different types of computers, networks, operating systems, and applications to work together effectively. Jurisdictions on both sides of the border should work towards ensuring the connectivity and interoperability, both vertically and horizontally, of their surveillance and epidemiology relevant information technology (IT) systems.

Grantee Activity: (10D::NA2) By August 30, 2006, continue with 1) Regular teleconferences of the Great Lakes Border Health Initiative: a. Steering Committee b. Public Health Communications Subcommittee c. Legal Subcommittee d. Laboratory Subcommittee e. Direct Care Subcommittee f. Emergency Response Subcommittee 2) Efforts to link public health alerting systems across the jurisdictions 3) Identifying benefits, drawbacks, and potential methods of interconnectivity of routine infectious disease electronic reporting systems. By August 30, 2006, draft a Memorandum of Understanding to explore the potential sharing of data, personnel, and equipment during infectious disease public health emergencies between and among jurisdictions, including Ontario.

Est. Completion
2006/08/30

Current Capacity

(10D::NA2) 1) Regular teleconferences are underway. 2) Extended HAN access is available in some areas of Ontario. 3) Currently collecting information on routine reportable diseases systems in all jurisdictions and developing a comparison matrix. • Legal subcommittee is currently exploring the need to satisfy legal privacy requirements for exchange of medical data to be included in the development of the MOU.

Evaluation Plan

(10D::NA2) Minutes from each GLBHI Steering Committee meeting and all GLBHI subcommittee meetings including activities and progress will be documented, published and shared with all jurisdictions. MOU will be drafted and approved by GLBHI Steering Committee and shared among jurisdictions.

Example 3: Working with jurisdictions across the border, establish a secure, Web-based communications system that provides for rapid and accurate reporting and discussion of disease outbreaks and other acute health events that might suggest bioterrorism. Include provision for routine communications (e.g., Web, e-mail) and alert capacity for emergency notification (e.g., phone, pager) of key staff of counterpart agency across the border.

Grantee Activity: (10D::NA3) By August 30, 2006, conduct an international test of an Emergency Communication System across all of the involved jurisdictions. By August 30, 2006, draft a Memorandum of Understanding to explore the potential sharing of data, personnel, and equipment during infectious disease public health emergencies between and among jurisdictions, including Ontario.

Est. Completion
2006/08/30

Current Capacity
(10D::NA3) All jurisdictions have Internet access and can be given the access capability to MN's secure portal. Legal subcommittee is currently exploring the need to satisfy legal privacy requirements for exchange of medical data to be included in the development of the MOU.

Evaluation Plan
(10D::NA3) Successful completion of test and evaluation report from international test will be published and shared among jurisdictions. MOU will be drafted and approved by GLBHI Steering Committee and shared among jurisdictions.

10E: Objective 4C: Conduct joint training of public health personnel from both sides of the border in infectious disease surveillance and epidemiology.

Example 1: Work with states and provinces along the international border to help train personnel regarding notifiable diseases, conditions, syndromes and their clinical presentations, and reporting requirements and procedures, including those conditions and syndromes that could indicate a bioterrorist event.

Grantee Activity: (10E::NA1) By August 30, 2006, plan to use the Third Annual Conference of the Great Lakes Border Health to conduct international training regarding infectious disease reporting requirements for the involved jurisdiction and the newly developed communications protocols for routine and emergency infectious disease events.

Est. Completion
2006/08/30

Current Capacity
(10E::NA1) A Great Lakes Border Health Communication Agreement and emergency protocol are under development and will be completed by August 30, 2005.

Evaluation Plan
(10E::NA1) Successful completion of training and evaluations of the training from the 2006 GLBHI Conference will be performed, compiled and distributed to jurisdictions. Successful completion, publishing, distribution and education on the GLBHI Public Health Communications document and an evaluation of the education will be performed, compiled and distributed to all jurisdictions.

Example 2: Conduct joint infectious disease surveillance exercises involving a broad range of appropriate participants from both sides of the international border. This exercise should involve not only border health departments but, where feasible, local hospitals, hospital laboratories, major community health care institutions, emergency response agencies, and public safety agencies in order to respond in a coordinated manner.

Grantee Activity: (10E::NA2) By August 30, 2006, 1) Plan an international infectious disease tabletop exercise (to be conducted at the 2006 Annual Border Health Conference) which includes partners in emergency management, first responders, federal border control, and local, state, and provincial public health. 2) Plan and produce the 2006 Annual Great Lakes Border Health Initiative Conference.

Est. Completion
2006/08/30

Current Capacity
(10E::NA2) Currently developing international infectious disease tabletop exercise for GLBHI Conference in September 2005. Successfully completed the 2004 Great Lakes Border Health Conference, and have planned the 2005 Conference.

Evaluation Plan
(10E::NA2) After Action Report of exercise will be performed and distributed to jurisdictions and will be the basis on which to build a future exercise for the 2007 GLBHI Conference. Successful completion of 2006 GLBHI Conference.

10F: Objective 6A: Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by infectious disease threats by rapidly and effectively investigating and responding to a potential bioterrorist event in the border region - as evidenced by effective cross-border state/provincial and local responses to naturally occurring individual cases of urgent public health importance or outbreaks of disease along our international borders.

Example 1: Develop the capability to undertake joint epidemiological investigations of infectious disease outbreaks along the international border. Such capability should include the ability to jointly: 1) assess the seriousness of the threat and rapidly mobilize in response to an emergency, 2) investigate to identify causes, risk factors, and appropriate interventions, 3) coordinate the tracking of victims, cases, contacts, exposures, prophylaxes, treatments, and patient disposition, and 4) contribute information directly to the public, including special populations, that explains and informs about risk and appropriate courses of action.

Grantee Activity: (10F::NA1) By August 30, 2006, 1) plan an international infectious disease tabletop exercise (to be conducted at the 2006 Annual Border Health Conference) which includes partners in emergency management, first responders, federal border control, and local, state, and provincial public health.2) plan and produxce the 2006 Annual Great lakes Border Health Initiative Conference		
Est. Completion 2006/08/30	Current Capacity (10F::NA1) Currently developing international infectious disease tabletop exercise for GLBHI Conference in September 2005.Successfully completed the 2004 Great Lakes Border Health Conference, and have planned the 2005 Conference.	Evaluation Plan (10F::NA1) After Action Report of exercise will be performed and distributed to jurisdictions and will be the basis on which to build a future exercise for the 2007 GLBHI Conference.Successful completion of 2006 GLBHI Conference.

Example 2: Continue to convene binational surveillance and epidemiology planning workshops to discuss and plan cross-border surveillance and/or epidemiology related activities. Such activities should, where feasible, involve a collaborative and regional approach with neighboring US border states as well as Mexico or Canada (as appropriate).

Grantee Activity: (10F::NA2) By August 30, 2006, 1) plan an international infectious disease tabletop exercise (to be conducted at the 2006 Annual Border Health Conference) which includes partners in emergency management, first responders, federal border control, and local, state, and provincial public health.2) plan and produxce the 2006 Annual Great lakes Border Health Initiative Conference.		
Est. Completion 2006/08/30	Current Capacity (10F::NA2) Currently developing international infectious disease tabletop exercise for GLBHI Conference in September 2005.Successfully completed the 2004 Great Lakes Border Health Conference, and have planned the 2005 Conference.	Evaluation Plan (10F::NA2) After Action Report of exercise will be performed and distributed to jurisdictions and will be the basis on which to build a future exercise for the 2007 GLBHI Conference.Successful completion of 2006 GLBHI Conference.

10G: Objective 6B: Conduct joint training for public health personnel from both sides of the border to develop, train and exercise binational epidemiologic response teams.

Example 1: Develop and exercise plans for binational epidemiologic response teams to conduct capable field epidemiologic investigations, rapid needs assessments, exposure assessments, and response activities on both sides of the border.

Grantee Activity: (10G::NA1) By August 30, 2006, plan an international infectious disease tabletop exercise (to be conducted at the 2006 Annual Border Health Conference) which includes partners in emergency management, first responders, federal border control, and local, state, and provincial public health.		
Est. Completion 2006/08/30	Current Capacity (10G::NA1) Currently developing international infectious disease tabletop exercise for GLBHI Conference in September 2005.	Evaluation Plan (10G::NA1) After Action Report of exercise will be performed and distributed to jurisdictions and will be the basis on which to build a future exercise for the 2007 GLBHI Conference.

11A: Cities Readiness Initiative: Cities Readiness Initiative

Critical Task 1: Summarize progress from year one of the pilot project or, for new awardees, progress on SNS activities over the last year. This should include updates on items 2 and 3 below.

Grantee Activity: (11A::CT1) By October 31, 2005 for each LPHs within a CRI's MSA conduct a DSNS Baseline assessment utilizing the CDC/DSNS assessment tool. By December 31, 2005 summarize each LPH's PHEP & Mass Clinic planning efforts to include exercise after action reports for CY 05.

Est. Completion
2006/08/30

Current Capacity

(11A::CT1) The Division of Public Health (DPH) provided a Mass Clinic Planning Template with Job Action Sheets for use by Local Public Health (LPH). LPH have developed Mass Clinic plans and conducted tabletop, functional, and/or full-scale exercise and provided DPH with an after action report for each exercise.

Evaluation Plan

(11A::CT1) Summarize the baseline assessments and the after action reports from exercises to determine next planning steps.

Critical Task 2: Summarize the current status of plans for antibiotic distribution within the designated city – indicating the number of Points of Distribution (PODs) that the city currently is able to establish, the number of personnel (paid staff and volunteers) that are likely to be available for this purpose, and the estimated number of individuals to whom the PODs can provide antibiotic prophylaxis over a 48-hour period.

Grantee Activity: (11A::CT2) By December 31, 2005 validate number of planned PODs, number of PODs with an MOU, and number of PODs with detailed floor plans for each local public health department within the CRI's MSA. By December 31, 2005 validate staffing available from the local health department, trained volunteers, and registered volunteers for each public health consortia within the MSA of a CRI. By October 31, 2005 Assessment of current Milwaukee MRSS plan regarding procurement, storing, distribution, and dispensing of pharmaceuticals purchased with MMRS funding. By October 31, 2005 Assessment of funding from any grant specifically addressing procurement, storing, distribution, and dispensing of pharmaceuticals for each local public health department within the CRI's MSA.

Est. Completion
2006/08/30

Current Capacity

(11A::CT2) Currently each LPH dept provides detailed information about all planned PODs to DPH. The Public Health Consortium maintains floor plans, MOUs and volunteer data for each POD

Evaluation Plan

(11A::CT2) DPH review of the POD plans. DPH review of LPH staff and volunteer lists of personnel to be used in a Mass Clinic.

Critical Task 3: Describe actions that will be taken over the next budget year to ensure that antibiotics can be dispensed to the entire jurisdiction over a 48-hour period. Included in these actions are non traditional PODs including the postal plan or other local option developed to meet the 48-hour dead line.

Grantee Activity: (11A::CT3) At least bi-monthly meetings with DPH and all local health departments and consortia within the CRI's MSA. Meetings may include local emergency management, law enforcement, and other key partners. By September 30, 2006 DPH will coordinate a comprehensive plan to dispense oral antibiotics to 100% of the population of the CRI's MSA within 48 hours of the decision to do so. For local health departments within the MSA of a CRI outside the state of Wisconsin, participate in the CRI's planning activities and coordinate planning with the CRI and DPH.

Est. Completion
2006/08/30

Current Capacity

(11A::CT3) None, new tasking.

Evaluation Plan

(11A::CT3) Publication of meeting minutes and documentation of participation. Draft 48 hour Mass Clinic plan will be sent to health officers in CRI MSA's for review and comment.

L1N:New Level 1 Lab

13A: New Level 1 Lab: New Level 1 Lab

Critical Task 1: Planning Meetings: Propose to send up to 3 persons to the CDC or other locations 4 times during the first year of the cooperative agreement to meet with CDC staff and other Level One laboratory funding recipients.

Grantee Activity: (13A::CT1) Throughout the grant period, the WSLH will maintain staffing in order to send up to 3 persons to the CDC or other locations 4 times to meet with CDC staff and other Level One laboratories.

Est. Completion
2006/08/30

Current Capacity
(13A::CT1) At the present time, the WSLH does not have the ability to send staff to meetings with CDC and Level One laboratories.

Evaluation Plan
(13A::CT1) The WSLH will provide DPH documentation of planning meetings attended.

Critical Task 2: Describe existing laboratory space that will be designated for personnel and equipment necessary for measuring in humans, chemicals likely to be used in a terrorist attack. At a minimum, the space described should meet the following specifications:
Overall laboratory space is a minimum of 400 square feet with a width no smaller than 10 feet (approximately 160 square feet will be used in the future for a floor model mass spectrometer, most likely to be a LC/MS/MS mass spectrometer)A minimum of 12 feet of bench space (approximately 1.5 feet deep); 4 feet for a bench top mass spectrometer and 8 feet for work spaceAvailability of a chemical fume hood with minimum dimensions 4 x 2 feet (length x depth).Suitable air conditioning to cool the interior to between 64 and 70 F and should have at least two exhaust ports with flexible tubingAvailability of a deionized water sourceAdequate drawers and shelves for storage of instrument expendables, glassware, and supplies.

Grantee Activity: (13A::CT2) Throughout the grant period, the WSLH will maintain the existing facility to provide adequate laboratory space, bench space for a LC/MS/MS, chemical fume hood, air conditioning, ASTM water, and storage for a Level One laboratory.

Est. Completion
2006/08/30

Current Capacity
(13A::CT2) The facility is six years old and designed as a “state-of –the art” chemistry laboratory facility with approximately 46,000 sq. ft.A minimum of 400 sq. ft. of laboratory space is available for personnel and equipment required to analyze clinical specimens for chemicals likely to be used in a terrorist attack. An additional 160 sq. ft. is available for a floor model LC/MS/MS. Additional space will be available as necessary.A minimum of 12 feet of linear bench space is available for a bench top mass spectrometer. The bench is 2 ½ feet deep.A 4 x 6 ft. chemical fume hood is available. Additional chemical fume hoods are available if necessary.The laboratory air conditioning system is able to maintain a set temperature between 64 and 70 F +/- 2 degrees. Two flexible exhaust ports are available with others available. ASTM Type I water is available throughout the building.Drawers and shelves are available on each bench for adequate storage of expendables, glassware and supplies.

Evaluation Plan
(13A::CT2) The WSLH will provide DPH documentation of the maintained facility to provide adequate laboratory space, bench space for a LC/MS/MS, chemical fume hood, air conditioning, ASTM water, and storage for a Level One laboratory.

Critical Task 3: Describe activities performed by your laboratory to complete Level Three and Level Two activities.

Grantee Activity: (13A::CT3) Throughout the grant period, the WSLH will maintain and/or improve the activities performed to complete the Level Three and Level Two activities.

Est. Completion

Current Capacity

Evaluation Plan

(13A::CT3) The WSLH has developed a process with the in-state clinical laboratories to have clinical samples tested at CDC, WSLH, and/or one of the level one or two laboratories in the country. This information as well as the packaging and shipping protocol was provided to the clinical laboratories and local public health departments in the State through twelve (12) regional meetings and visits to sixty-five (65) hospital laboratories. Based on these protocols, WSLH DHFS and four Wisconsin hospital laboratories participated in the first chemical terrorism exercise with CDC to test these protocols and CDC's ability to test for chemical agents. WSLH has developed "job aids" with instructions for packaging clinical samples to be tested for chemical agents and chain of custody forms that are tailored for use in Wisconsin. This information is available to State clinical laboratories in the Wisconsin "Bioterrorism Response Guide for Clinical Laboratories and on the Wisconsin Health Alert System. The WSLH has developed and updated its all hazards "Chemical Emergency Response Plan" that is NIMS compliant. WSLH has developed strong relationships with the Wisconsin state agencies, local public health departments, EPA, CDC, FBI, civil support teams, regional level A HazMat teams, poison center, hospitals, and neighboring state public health laboratories including Minnesota, Iowa, North Dakota and South Dakota. WSLH has provided sampling equipment, sample collection containers, instructions, and training to the State regional level A HazMat teams. WSLH has developed a proficiency testing program with the regional HazMat teams to insure their testing familiarity and proficiency for selected tests. WSLH was one of the first state public health laboratories to hire staff, purchase the GC/MS and ICP/MS, and become qualified to test clinical samples for cyanide and heavy metals. WSLH has successfully completed four rounds of proficiency testing samples for cyanide and heavy metals. WSLH staff will have the arsenic and selenium method validated by June 30, 2005. The GC/MS that will be used for testing clinical samples for the nerve agent metabolites has been purchased and installed. We are waiting for training by CDC on this test method. WSLH has been trained by CDC on the test method for ricinine using LC/MS/MS analysis and is performing the method validation study. WSLH will participate in the proficiency testing sample program in August 2005. A WSLH chemist has been participating on the CDC Proficiency Testing Workgroup for Chemical Terrorism. WSLH is using the "full use" concept in our planning as level 2 laboratory: With our State partners, protocol has been developed with the water utilities to respond to a threatened water supply from a biological, chemical or radiological agent. The protocol is based on the EPA Response Toolbox. As part of the protocol, a water sample collection kit has been developed and provided to approximately 200 water utilities, tribes, and agencies in Wisconsin. Training will be provided to first responders in August 2005 on the protocol and use of the kit. WSLH participated in an EPA sponsored proficiency testing sample related to a threatened drinking water supply. WSLH successfully identified and quantified two unknown chemicals. Three regional meetings have been held with the environmental testing laboratories in the State to discuss their role in emergency response and the need for a communication "network" of this community. WSLH has been using the instruments purchased with CDC funds for biomonitoring related testing, such as, PCBs, PBDEs, arsenic and cadmium. WSLH has expanded its testing capability of environmental samples for such chemicals as organophosphorus pesticides, and anatoxin a. WSLH has purchased a magnetic sector MS (Thermo-Finnegan MAT 95) with a gas chromatograph and high performance liquid chromatograph using Homeland Security funding. This instrument will be brought on-line in July 2005. It will be used for confirmations and forensic identification of unknown chemicals.

(13A::CT3) The WSLH will provide DPH documentation of the activities performed to complete the Level Three and Level Two activities.

Critical Task 4: Propose hiring or designating one PhD (or equivalent experience) in analytical chemistry with a minimum of two years in experience in supervising laboratory personnel and two additional laboratory personnel necessary to operate a tandem quadrupole mass spectrometer and conduct biological sample preparation using standard techniques such as solid phase extraction.

Grantee Activity: (13A::CT4) By August 31, 2006, WSLH will have a PhD (or equivalent experience) in analytical chemistry and two additional personnel to operate a tandem quadrupole mass spectrometer and conduct biological sample preparation using standard techniques such as solid phase extraction.

Est. Completion
2006/08/30

Current Capacity

(13A::CT4) The WSLH has an experienced staff that has a variety of degrees including B.S., M.S., and PhDs. Some of our staff has three years of experience in the operation of a quadrupole mass spectrometer and experience in solid phase extraction. Our staff also has many years of experience in the preparation, extraction and analysis of clinical samples using gas chromatography with a variety of detector types including mass spectrometry and electron capture.

Evaluation Plan

(13A::CT4) The WSLH will provide DPH documentation of a PhD (or equivalent experience) in analytical chemistry and two additional personnel to operate a tandem quadrupole mass spectrometer and conduct biological sample preparation using standard techniques such as solid phase extraction.

Critical Task 5: Propose to purchase or acquire by direct assistance a tandem mass spectrometer capable of running liquid chromatography (LC/MS/MS) analysis (estimated cost \$360,000-400,000).

Grantee Activity: (13A::CT5) By August 31, 2006, the WSLH will acquire an LC/MS/MS with direct assistance from CDC, and an HPLC for arsenic speciation with non-grant funds.

Est. Completion
2006/08/30

Current Capacity

(13A::CT5) The WSLH has an LC/MS/MS currently on-line. It can be used in the event of an emergency or as a back up instrument.

Evaluation Plan

(13A::CT5) The WSLH will provide DPH documentation of the acquired LC/MS/MS with direct assistance from CDC, and an HPLC for arsenic speciation with non-grant funds.

L2:Level 2 Lab

14A: Level 2 Lab: Level 2 Lab

Critical Task 1: Accept clinical specimens and begin analysis within 24 hours of receiving the call for assistance from CDC.

Grantee Activity: (14A::CT1) By August 31, 2006, the WSLH will demonstrate through an exercise that clinical specimens can be accepted by use of our 24/7/365 "pager" system which activates a calling tree to notify the appropriate WSLH staff to respond to an emergency.

Est. Completion
2006/08/30

Current Capacity

(14A::CT1) The WSLH maintains 24/7/365 "pager" system. A process is in place that activates a calling tree to notify the appropriate WSLH staff to respond to an emergency.

Evaluation Plan

(14A::CT1) Drill, exercise or real event after action report evaluations will be completed annually.

Critical Task 2: Demonstrate proficiency to rapidly detect and measure Level-Two chemical agents (such as cyanide-based compounds, heavy metals, and nerve agents) in CLINICAL specimens within 24 hours of the request from CDC. Currently, CDC methods for Level-Two chemical agents use the analytical techniques of inductively coupled plasma mass spectrometry and gas chromatography mass spectrometry. The list of Level-Two chemical agents will expand as methods are developed or modified. Tandem mass spectrometry methods are not required for Level-Two chemical agents.

Grantee Activity: (14A::CT2) By August 31, 2006, the WSLH will demonstrate through an exercise the proficiency to detect and measure level two chemical agents in clinical specimens within 24-hours of the request from CDC.

Est. Completion
2006/08/30

Current Capacity
(14A::CT2) The WSLH has a process in place to detect and measure level two chemical agents in clinical specimens.

Evaluation Plan
(14A::CT2) Drill, exercise or real event after action report evaluations will be completed annually.

Critical Task 3: Develop and maintain plans and procedures for adequate and secure : clinical specimen transport and handling, worker safety, appropriate Bio-Safety Level (BSL) conditions for working with clinical specimens, staffing and training of personnel, quality control and assurance, triage procedures for prioritizing intake and testing of specimens or samples before analysis, secure storage of critical agents and samples of forensic value, appropriate levels of supplies and equipment needed to respond to chemical terrorism events, securing facilities, reagents, and equipment, and special requirements.

Grantee Activity: (14A::CT3) By August 31, 2006, the WSLH will evaluate and address these issues and include them in the 2006 update of the "Chemical Emergency Response Plan".

Est. Completion
2006/08/30

Current Capacity
(14A::CT3) The WSLH has addressed many of these issues in its all hazards "Chemical Emergency Response Plan".

Evaluation Plan
(14A::CT3) Drill, exercise or real event after action report evaluations will be completed annually.

Critical Task 4: Maintain one Ph.D. chemist, or an individual with equivalent experience (M.S. with 5 years experience), and multiple laboratory support personnel.

Grantee Activity: (14A::CT4) Throughout the grant period, the WSLH will maintain the funding for the following staff:CT Coordinator-(B. S.) 34 years experience in organic and inorganic chemical analysis, 3 years experience as CoordinatorAssistant CT Coordinator-(B.S.) 15 years in organic chemistry analysis with 2 years GC/MS experience, 2 years as Assist. CT Coordinator.GC/MS Chemist-(B.S.) 15 years experience in organic chemistry analysis with 8 years experience in GC/MS analysis.ICP/MS Chemist-(M.S.) 13 years experience in inorganic chemistry analysis with 4 years ICP/MS experience.

Est. Completion
2006/08/30

Current Capacity
(14A::CT4) The WSLH has maintained this level of staffing as a Level Two laboratory during the FY2003-2005.

Evaluation Plan
(14A::CT4) The WSLH will provide DPH documentation of currently funded staff.

Critical Task 5: Procure and maintain the following equipment: ICP-MS, GC-MSD

Grantee Activity: (14A::CT5) Throughout the grant period, the WSLH will maintain the ICP/MS and two GC/MSDs as needed using the manufacturer's service agreement.

Est. Completion
2006/08/30

Current Capacity
(14A::CT5) The WSLH procured the ICP/ MS for metals analysis and a GC/MSD for cyanide analysis using CDC direct assistance in FY 2003-2004. ICP/MS and two GC/MSDs as needed using the manufacturer's service agreement. The WSLH has also procured a GC/MSD for nerve agent metabolite analysis using direct assistance in FY 2004-2005. These instruments have been maintained through the manufacturer's service agreement during this period.

Evaluation Plan
(14A::CT5) The WSLH will provide DPH documentation of the maintained

A. Salaries and Wages:**\$1,819,941**

Personnel Position Title, Position Number Name,	Annual	Time	Months	Amount Requested
Project Coordinator, Pos# 327986 Marshall, Steven	\$61,470	100%	12 months	\$61,470
Risk Communications, Pos# 331852 Vacant	\$49,800	100%	12 months	\$49,800
Financial Officer, Pos# 321720 Zahorik, Dale,	\$58,760	20%	12 months	\$11,752
Contract Specialists, Pos# 327346 Bayou, Billie	\$43,330	90%	12 months	\$38,997
Contract Specialists, Pos# 331844 Bremer, Jacquelyn	\$59,155	100%	12 months	\$59,155
Contract Specialists, Pos# 331846 Brown, Konnie	\$47,360	100%	12 months	\$47,360
Contract Specialists, Pos# 331847 Jarrett, Carolyn	\$44,945	100%	12 months	\$44,945
Contract Specialists, Pos# 331845 Vacant	\$43,325	100%	12 months	\$43,325
Contract Specialists, Pos# 331848 Monson, Julie	\$43,885	100%	12 months	\$43,885
Communication Consultant, Pos# 331861 Gasper, Patrick	\$57,700	100%	12 months	\$57,700
SNS Coordinator,	\$50,875	100%	12 months	\$50,875

BUDGET NARRATIVE

CDC Public Health Preparedness Application 2005-2006

Pos# 331858

Cordova, Joseph

Consortia Coordinator, Pos# 331859	\$50,820	100%	12 months	\$50,820
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Strubel, Carolyn

EMS Comm. Coord., Pos# 331851	\$50,710	100%	12 months	\$50,710
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Wittkamp, Paul

Program Manager, Pos# 331953	\$47,800	75%	12 months	\$35,850
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Klein, Susan

Program Assistant Pos# 332179	\$30,950	50%	12 months	\$15,475
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Moss, Jacqueline

Program Assistant, Pos# 331855	\$28,960	100%	12 months	\$28,960
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Bostock, Shirley

HAN/NEDSS Coordinator, Pos# 331862	\$87,530	100%	12 months	\$87,530
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Ohlswager, Ted

Emergency Mgmt Liaison, Pos# 320325	\$59,310	100%	12 months	\$59,310
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Anderson, Thomas

Infectious Diseases Phys, Pos# 011638	\$180,180	55%	12 months	\$99,099
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Davis, Jeffrey

Public Health Manager, Pos# 068331	\$72,710	12%	12 months	\$8,725
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Ukoenninn, Akan

IT Data Manager, Pos# 307459	\$46,410	16%	12 months	\$7,425
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Voung, Nhaxiu

Infectious Disease Surv, Pos# 307463	\$68,400	10%	12 months	\$6,840
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Haupt, Thomas

Public Health Educator,	\$48,080	50%	12 months	\$24,040
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BUDGET NARRATIVE

CDC Public Health Preparedness Application 2005-2006

Pos# 316628

Pfrang, Michael

Infectious Diseases Supr, Pos# 331574 Fox, Patricia	\$69,635	25%	12 months	\$17,408
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Consortia Epi Coord, Pos# 331839 Will, Lorna	\$58,180	100%	12 months	\$58,180
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Infectious Diseases Phys, Pos# 331840 Croft, Donita	\$131,320	50%	12 months	\$65,660
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Epidemiologist, Pos# 331841 Borlaug, Gwen	\$58,990	100%	12 months	\$58,990
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Veterinarian, Pos# 331843 Kazmierczak, James	\$65,980	100%	12 months	\$65,980
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Program Assistant, Pos# 331850 Anderson, Barbara	\$28,960	100%	12 months	\$28,960
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Epidemiologist, Pos# 331838 Islam, KM Monirul	\$62,575	100%	12 months	\$62,575
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Toxicologist, Pos# 331842 Lee, Janice	\$59,575	100%	12 months	\$59,575
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Policy & Planning Supr, Pos# 331837 Guhleman, Patricia	\$67,260	100%	12 months	\$67,260
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HAN Coord, Pos# 034920 Hanrahan, Lawrence	\$83,945	100%	12 months	\$83,945
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EMS Trainer, Pos# 331856 Herfel, Joanne	\$52,530	100%	12 months	\$52,530
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Food Safety Coord,	\$62,910	50%	12 months	\$31,455
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Pos# 333383

Vacant

Risk Communications, Pos# 331860 White-Pentony, Lisa	\$50,790	100%	12 months	\$50,790
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Distance Learning, Pos# 331853 Neuert, Donny	\$52,615	100%	12 months	\$52,615
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BT Training Coord, Pos# 331854 Jelinek, Jeffrey	\$54,970	100%	12 months	\$54,970
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Clerical Support Rgns, Pos# Various Various	N/A	Min	12 months	\$25,000
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Justification**Job Description: Project Coordinator - (Steven Marshall)**

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to CDC.

Job Description: Risk Communication Coordinator - (Vacant)

Responsible for assessment and evaluation of communication capacities, needs, and systems. Will assist training staff with risk communication and health information aspects of the education and training activities, including assuring that curricula are appropriate. Will develop necessary partnerships and will provide linkage to all of the public health community.

Job Description: Financial Officer – (Dale Zahorik)

This position is responsible for the monitoring of all financial aspects in the implementation of the grant. The position provides monthly budget up-dates, budget projections, and consultation on all financial aspects of the grant.

Job Description: Contract Specialists – (Billie Bayou)

This position is responsible for planning, developing, coordinating and implementing contracts within DPH and with agencies and entities outside of DPH for public health preparedness. This position is responsible for liaison and linkages with contracted DPH staff, contracted outside agency staff, and federal agency officials (e.g., DHHS, CDC, HRSA).

Job Description: Contract Specialists – (Jacquelyn Bremer)Job Description: Contract Specialists – (Konnie Brown)Job Description: Contract Specialists – (Carolyn Jarrett)Job Description: Contract Specialists – (Vacant)Job Description: Contract Specialists – (Julie Monson)

These positions are responsible for planning, developing, coordinating and implementing a system for contracting with this region's public health consortia and local health departments for bio-terrorism/preparedness. Responsibilities include the implementation, demonstration, dissemination, and management of the performance-based contracting for region-wide contracting. These positions are responsible for liaison and linkages with Division staff, Local Health Officers, Local Boards of Health.

Job Description: Communication Consultant – (Patrick Gasper)

The Public Health Communications Consultant is responsible for promoting public health education and advising on communications statewide. This position will provide consultation and assessment regarding public health education and communication with the media. The Public Health Communications Consultant will direct the needs assessment, planning, production, distribution, and evaluation of the information and education materials for public health program areas. The Public Health Communications Consultant will work with the Public Health Preparedness Program directly to assist in unifying the goals of the program with the goals and objectives in the Wisconsin State Health Plan. This position will be the Preparedness Program's liaison to the State Health Director and will work to include emergency preparedness and bio-terrorism response into the state's implementation plan. Additionally, the Public Health Communications Consultant will coordinate assessments for the Preparedness Program under the guidance of the Preparedness Manager. This will include collapsing multiple surveys, dissemination coordination, and data compilation.

Job Description: SNS Coordinator – (Joseph Cordova)

This position coordinates the development and implementation of a Statewide SNS Preparedness Program. Duties include the management of a SNS workgroup, providing consultation for the development of regional and local SNS plans, supporting the development of a statewide Bio-terrorism rapid vaccination plan, management of SNS orientation, training, and evaluation, and responsibility for providing updates, status reports and progress reports. This position will also participate as a member of the field staff in the event of a suspected or confirmed biologic or chemical terrorism event or other large naturally occurring infectious disease event and provide technical support on other preparedness and communicable disease issues.

Job Description: Consortia Coordinator – (Carolyn Strubel)

This position will coordinate the development of statewide regional public health preparedness and response consortia. These duties will include facilitating the formation and sustainment of public health preparedness consortia by consulting with the DPH Regional Office Directors (RODs), Local Health Departments (LHDs), Native American Tribal entities, and other involved parties. This position will provide consortia members with consultation in the areas of staff procurement, materials development or acquisition, training needs and distance learning, legal issues, fiscal issues, deployment of the Strategic National Stockpile (SNS), and using the Health Alert Network (HAN). This position will be responsible for assessment, evaluation and development/acquisition of professional training opportunities that

include tabletop exercises and drills for response to bio-terrorism, and will provide leadership to the regional consortia as they develop individual training plans and outreach efforts.

Job Description: EMS Communications Coordinator – (Paul Wittkamp)

This position serves as the Statewide Emergency Medical Services Communications Coordinator. On a statewide basis, this position is responsible for the planning, development, implementation, coordination and continued supervision of the emergency medical services communications/telemetry program. This position provides consultation and technical assistance to state, trauma/Bio-terrorism regional and local governmental entities, ambulance providers, hospitals, and telecommunication agencies in their retrospective system planning and operations. This position is the statewide focal point for emergency medical communications/telemetry planning, development, and evaluation. Planning, development, implementation and evaluation of the Statewide EMS Communications Plan will be a primary responsibility of this position.

Job Description: Program Manager – (Susan Klein)

This position plans, coordinates and provides technical and administrative organization for key preparedness/bio-terrorism-focused under both the Hospital and Public Health Preparedness and Response to Bio-terrorism Cooperative Agreements. The individual in this position takes responsibility for participating in program planning, coordinating and preparing the annual project application, performance measurement, budget management, managing contract information on the Grants and Contracts (GAC) database, ensuring the preparation and submission of all CDC required reports, preparing updates and status reports as requested by principal investigators, and arranging for all necessary staff training, meetings, and telephone conferences between project partners. This position provides the administrative support of the preparedness and communicable disease portions of the Health Alert Network.

Job Description: Program Assistant – (Jacqueline Moss)

This position provides administrative, fiscal, and program support for professional staff including the Minority Health Officer, the Women's Health Officer, Public Health Nursing Director, Public Health Data Manager. This position provides logistical support for several of the preparedness workgroups and activities.

Job Description: Program Assistant (Shirley Bostock)

This position supports the program staff and has discrete responsibilities for training registration, updating and backup to the TRAIN LMS, working directly with meeting centers on conference room, hotel room, and/or food service for program-sponsored training, and developing and maintaining a tracking system on program-sponsored training participants. Handles in-state and out-of-state travel arrangements, purchase of training materials and supplies, and responds to requests for program information.

Job Description: HAN/NEDSS Coordinator – (Ted Ohlswager)

The PHIN Program Director directs the development and implementation of the Public Health Information Network (PHIN), which includes the Health Alert Network (HAN), the National Electronic Disease Surveillance System (NEDSS), Program Area Modules (PAMS), and the integrated public health data system recommended in the State Health Plan. This position is responsible for directing all aspects of the PHIN development program and multiple projects to completion. The position is a primary point-of-contact with the development services

vendor(s). This position is responsible for ensuring PHIN contract compliance, including full completion of contract deliverables in a timely, quality manner.

Job Description: Emergency Management Liaison – (Thomas Anderson)

This position serves as the Department's principal liaison with Wisconsin Emergency Management, Department of Military Affairs, and other Federal, State and local units of government on all issues relating to emergency planning and operations for which DHFS has responsibility. This position provides leadership, fosters the development and coordination of all emergency planning, training and operational activities. The Coordinator advises the Office of the Secretary on any recommended changes in emergency management activities. The Coordinator shall conduct an annual review of the operating plans and procedures of the Department, represents the Department in the State Emergency Operations Center and facilitates the development and operational readiness of an intra and inter agency emergency operations system.

Job Description: Chief Medical Officer - (Jeffrey Davis, MD)

The Chief Medical Officer also serves as State Epidemiologist for Communicable Diseases, develops and directs state policies for reporting and investigation of infectious diseases, and provides specialty clinical medical expertise in the area of communicable diseases.

Job Description: Public Health Manager – (Akan Ukoenninn)

This position is the Director of the Bureau of Communicable Diseases and Preparedness. Duties include developing, authorizing, and monitoring the budget for epidemiology and disease surveillance objectives; monitoring progress on each objective; assigning staff to complete the work on each objective; coordinating with other Bioterrorism Preparedness staff; participate as a member of the DPH Preparedness Management Committee; and assist in the grant writing and reporting process as requested.

Job Description: Information Technology Analyst - (Nhaxiu Voung)

This position is responsible for the creation and maintenance of databases for inclusion in surveillance systems. This position will also provide technical support for information technology services as requested by program staff.

Job Description: Respiratory Illness Surveillance Epidemiologist - (Thomas Haupt)

This position manages and directs state surveillance programs for infectious respiratory diseases and influenza-like illness syndromes.

Job Description: Public Health Educator – (Michael Pfrang)

This position is responsible for all legislative and administrative research on emergency communicable disease issues. The position also serves as the primary liaison with the state laboratory of hygiene.

Job Description: Physician Management - (Patricia Fox)

The Communicable Disease Epidemiology Section Chief directly supervises physicians,

veterinarians and infectious disease epidemiologists within the unit assigned responsibility for public health preparedness for infectious diseases, and provides coordination and direction to all activities of the BT Preparedness Grant related to these areas.

Job Description: Disease Surveillance Epidemiologist - (Lorna Will)

This position has lead responsibility for design, implementation and ongoing operation of infectious disease surveillance activities, and for coordination of communicable disease surveillance activities with surveillance for chemical and radiological agents and illnesses associated with bioterrorism preparedness.

Job Description: Physician Epidemiologist - (Donita Croft, MD)

The Communicable Diseases Medical Epidemiologist provides day-to-day clinical expertise, consultation and technical assistance to efforts directed toward detection and control of naturally occurring infectious diseases and acts of biological terrorism.

Job Description: Infection Control Epidemiologist - (Gwen Borlaug)

This position has lead responsibility for all disease surveillance and response activities involving or associated with institutional infection control programs and practitioners.

Job Description: State Public Health Veterinarian - (James Kazmierczak)

This position will evaluate and consult about zoonotic illnesses, and design and direct activities of public health surveillance and control for zoonoses. The position will work as a liaison between public health and academic and private veterinarians, and with local state and federal agencies engaged in the regulatory control of domestic and wild animals.

Job Description: Program Assistant - (Barbara Anderson)

The position provides clerical support to program staff. Duties including arrange and support training/meetings, arrange both statewide and national travel, respond to request for information, maintain program files, and prepare requisitions for the purchase of supplies and miscellaneous services.

Job Description: Occupational Safety Epidemiologist - (KM Monirul Islam)

This position will design a surveillance program for sentinel dermatological events that may relate to infectious diseases or chemical etiologic agents. This position will work as a liaison between public health and labor and industry in establishing medical surveillance.

Job Description: Chemical Safety Toxicologist - (Janice Lee)

This position will provide the technical expertise as it relates to responding to cases involving environmental agents. The position will formulate responses, do case evaluation and surveillance and serve as liaison for drinking water security with the State Department of Natural Resources.

Job Description: Policy and Planning Supervisor – (Patricia Guhleman)

Serves as supervisor to balance activities provided by local government - through contracts between the state and local health departments – with functions performed by multiple statewide automated systems and functions performed at the state level by staff of DHFS,

other state agencies and contractors. This position will provide broad management oversight of the development and operation of the PHIN system and serve as a critical focal point for the daily operations including directing the supervision and management of most vendor contract(s), playing a liaison role within the DHFS and with the federal Centers for Disease Control (CDC), DOA, local health departments and other partner agencies and other agencies that have a need to interface with PHIN. Strategic responsibilities include ensuring all technological needs are in place to enhance the useful life of the application; a solid funding plan is in place; developing RFP's, RFS's or request for other capital expenditures; and assuring a good fit with overall DHFS IT strategic plans.

Job Description: HAN Coordinator - (Larry Hanrahan)

Serves as Principal Investigator and Project Coordinator for the Health Alert Network. Is responsible for direction and scientific integrity of all PHIN / HAN activities. Supervises staff and contractors in the discovery, development, implementation, and maintenance of HAN / NEDSS function areas.

Job Description: Training Officer – (Joanne Herfel)

This position is responsible for the administration of the First Responder certification functions. This work includes certification of First Responders and ensuring compliance with certification policies, procedures and statutory requirements. The position, within general policies and guidelines, determines whether applicants have met requirements for certification and initiates appropriate approvals or denials. This position serves as the First Responder Program Coordinator and directs the implementation of state statute and administrative code directives as they relate to training, weapons of mass destruction educational courses and support of First Responder services.

Job Description: Public Food Supply Safety Sanitarian - (Vacant)

This position has responsibility for programs to protect the public food supply from intentional acts and natural occurrences of contamination, and for liaison with the State Department of Agriculture, Trade & Consumer Protection.

Job Description: Risk Communication Coordinator - (Lisa White-Pentony)

Responsible for assessment and evaluation of communication capacities, needs, and systems. Will assist training staff with risk communication and health information aspects of the education and training activities, including assuring that curricula are appropriate. Will develop necessary partnerships and will provide linkage to all of the public health community.

Job Description: Instructional Systems Specialist (Donny Neuert)

Under the general direction of the Focus Area G coordinator, this position provides elearning technical and training consultation, and is responsible for the development, delivery and evaluation of competency-based training in-house and in partnership with academic partners for public health preparedness and workforce development. This position collaborates with health professional organizations and the business, labor and special needs communities to assure the development of valid information on their public health emergency training needs.

Job Description: Training Coordinator - (Jeffrey Jelinek)

Under the general direction of the Focus Area G coordinator, this position develops and/or contracts for training to meet the needs of the public health community, its partners, and hospital practitioners. Training needs are identified by provider surveys, implemented in conjunction with the provider communities, and by assessments of the needs of potential volunteers from the business, labor, and special needs communities. Responsible for assuring that training addresses the core competencies for public health emergencies; for developing and maintaining the training calendar; for measuring, or assuring measurement of, knowledge change as a result of training; and for coordinating with consortia trainers to assure a consistent curricula and message regardless of which trainer is directly providing training.

Job Description: Clerical Support Regions

These positions provide clerical support to program staff. Duties include arrange and support training/meetings, arrange both statewide and national travel, respond to requests for information, maintain program files, and prepare requisitions for the purchase of supplies and miscellaneous services.

B. Fringe Benefits: **\$ 804,777**

44.22% of \$1,819,941 = \$804,777

Retirement	=	10.20
FICA	=	7.65
Insurances	=	22.19
Sick Leave Conversion	=	4.00
Unemployment Compensation	=	<u>.18</u>
Total	=	44.22

C. Consultant Costs: **\$ 0**

D. Equipment (Direct Assistance) **\$ 510,640**

HPLC/MS/MS with four year extended service = \$510,640

Justification

The Wisconsin State Laboratory of Hygiene will develop the laboratory capacity to respond to chemical terrorism threats by meeting the CDC requirements for a Level One laboratory. This includes purchasing the appropriate laboratory instrumentation (HPLC/MS/MS and HPLC), obtaining the prescribed training from CDC, performing the quality control validation and proficiency testing samples, performing method development work as directed by CDC, providing training to Level Two and Level Three laboratory staff as needed, and acting as a surge capacity laboratory for CDC in the event of chemical emergency. The HPLC/MS/MS with four year extended service is to be purchased through Direct Assistance, other equipment and services will be purchased through a Financial Assistance contract or with in-kind funds.

E. Supplies: \$ 116,280

General office supplies (pens, pencils, paper, toner, etc.)
 12 months x \$300/Month x 32.3 FTEs = \$116,280

Justification

General office supplies will be used by staff members to carry out daily activities of the program.

F. Travel: \$ 182,298

(Includes EWIDS funds \$12,024)

In-State Travel:

4 trips x 26 staff x 200 miles r/t @ .325/mile	=	\$ 6,760
4 trips x 26 staff x 3 days per diem @ \$34/day	=	\$ 10,608
4 trips x 26 staff x 2 nights lodging @ \$62/night	=	\$ 12,896
4 trips x 26 staff x meeting registration @ \$15/meeting	=	\$ 1,560
4 trips x 26 staff x 80 miles r/t @ .325/mile	=	\$ 2,704
4 trips x 26 staff x 2 days per diem @ \$34/day	=	\$ 7,072
4 trips x 26 staff x 1 night lodging @ \$62/night	=	\$ 6,448
6 trip days with fleet cars x 26 staff x @ \$28/day	=	<u>\$ 4,368</u>
Total		\$ 52,416

Justification

The Professional program staff will be travelling to various sites to meet with partners. This includes meetings with advisory groups, regional consortia staff, involvement in regional exercises, etc.

Out-of-State Travel:

3 trips x 26 staff x \$600 r/t airfare	= \$ 46,800
3 trips x 26 staff x 4 days per diem @ \$34/day	= \$ 10,608
3 trips x 26 staff x 3 nights lodging @ \$150/night	= \$ 35,100
Conference Registration \$250 x 3 trips x 26 staff	= \$ 19,500
Ground transportation \$75 r/t x 3 trips x 26 staff	= <u>\$ 5,850</u>
Total	\$117,858

Justification

The Professional program staff will travel to national conferences that are relevant to their programmatic functions. Assumes three (3) out-of-state trips for each Professional program employees that are responsible for program functions that require or justify attendance at national meetings.

4 trips x \$600 r/t airfare x 3 staff	=	\$ 7,200
3 days per diem x \$34/day x 4 trips x 3 staff	=	\$ 1,224
2 nights lodging x \$150/night x 4 trips x 3 staff	=	<u>\$ 3,600</u>
Total		\$12,024

Justification

Three (3) staff will travel to EWIDS meetings and workgroups to meet with regional partners on implementing and progress on EWIDS objectives.

G. Other: (Includes EWIDS funds \$2,976) **\$ 627,800**

Telecommunications: Local and Long Distance \$112,268

Basis of Allocation: Direct Charged

Calculations: Telephone charges for professional staff is computed at \$75 per month per position (\$75 x 12months x 27.68FTE), while the Telephone charges for support staff is computed at \$25 per month per position (\$25 x 12 months x 4.6FTE). The Program includes a situation room that includes ten (10) phone lines for use in an incident. The cost to maintain this capacity is (\$25 x 12 months x 10 phone lines). Telephone charges include local and long-distance service, and for professional staff, pagers and/or cellular phones. The Program also purchases teleconferencing services on an as need basis. The services are used to conduct meetings, involving partners on emerging situations (e.g. Pertussis outbreak), and provide educational and training opportunities. Based on prior year experience, an amount of \$75,000 is being requested for these activities. An additional teleconferencing cost specifically to participate in or host EWIDS workgroup teleconferences = 16 teleconferences x \$186/teleconference = \$2,976. Broadcast faxing services = \$100/use x 50 uses = \$5,000.

Postage/Freight: Regular, Bulk, Express \$ 7,200

Basis of Allocation: Direct Charged

Calculations: The Program is charged based on actual usage documented through the use of billing codes. The cost of intra/inter Department mail service is listed with Administrative Services under the heading of "Mailroom Overhead." The Program is requesting \$600/month, based on past experience with similar programs.

Printing: \$ 10,923

Basis of Allocation: Direct Charged

Types of printing needs include: a) Business cards will be printed on an as needed basis; b) Reporting forms for disease surveillance; c) fact sheets on reportable diseases; d) Literature to be used for education and outreach activities; and e) Preparedness contract worksheets.

Photocopying: \$5,400

Basis of Allocation: Direct Charge

Calculations: The Department of Administration, Bureau of Procurement negotiates copy machines leasing rates with vendors. The cost of the monthly copier lease invoices are

allocated to the program using a unique copier code that must be keyed into a “Daniel” counter attached to each copy machine. The Program is requesting \$450/month, based on past experience with similar programs.

Administrative Services: \$269,166

Basis of Allocation: Direct Charge

The following budget items are direct charged activities and are not part of the Wisconsin Department of Health and Family Services (DHFS) Indirect Cost Allocation.

(a) DHFS-Bureau of Personnel and Employee Relations (BPER)

Calculations: The cost of operating a centralized personnel office. The actual amount charged is based on the amount of cost generated distributed across all FTE. The anticipated charge for this program is \$38,785 ($\$1,250 \times 31.03\text{FTE}$), based on current billings.

(b) DHFS-Division of Management and Technology, Mailroom Overhead

Calculations: This is the staff cost to operate the Department’s mailroom. The actual amount charged is based on the amount of cost generated distributed across FTE. The anticipated charge for this program is \$5,430 ($\$175 \times 31.03\text{FTE}$), based on current billings.

(c) DHFS-Division of Management and Technology, Bureau of Fiscal Services

Calculations: The Bureau of Fiscal Services provides fiscal oversight and accounting services (e.g. transaction processing). Costs are distributed based on a direct hourly charge, or through cost pools created that are then distributed based on activity (ie. transaction count, line count, contract count). Based on current program activity, the anticipated budget for these activities is estimated to be \$50,000.

(d) DHFS-Division of Management and Technology, Bureau of Information Services (BIS)

Calculations: There are a number of services provided by BIS that are billed directly to the program. 1) CPU charges - The charges consist of rates calculated to the second and vary depending on the time of day. The program is requesting a budget of \$100 to cover this service. 2) Web-based Hosting charges – The program is using a web-based system to monitor grant funds, including sub-grantees. The program is being billed monthly to maintain this platform. The annual charge amounts to \$15,000. 3) In order to maintain information technology expertise, BIS assesses each program a monthly charge of \$145 per device connected to the mainframe. For this budget cycle the anticipated charges ($\$145 \times 40 \text{ devices} \times 12 \text{ months}$) will total \$69,600. 4) Consolidated Data Network (CDN) – The charge is for the rights to be connected to the data network, which allows us to access the mainframe, inter-net and intra-net. Costs are distributed based on the device count. Therefore, based on current distributions, the anticipated budget for this charge ($\$250 \text{ annually} \times 40 \text{ devices}$) totals \$10,000. BIS costs for this project are \$94,700.

(e) Division of Public Health (DPH) – Office of Operations (OPS)

Calculations: OPS within DPH provides support services for the Division. Those services and the method for distributing the associated costs are: 1) Receptionists – the Division’s receptionist costs are distributed based on FTE located in the central office. 2) Personnel – the Division’s personnel liaison works with BPER to process and monitor personnel activity. The costs are distributed based on position number count. 3)

Communications/Printing – Communications includes training, phone installation and maintenance, maintaining policy and procedures, and establishing and maintaining web-sites. The costs are distributed based on FTE. 4) Information Technology, Desktop Support – the

costs are distributed based on devices connected to the mainframe. Based on current distributions, the anticipated budget for OPS services is calculated at \$1,700 per FTE. OPS costs for this project are \$52,751.

(f) Insurance:

Calculations: The State is self-funded for Property, Liability and Workmen's Compensation Insurance. Property Insurance is expensed based on building and content values for each program. Liability Insurance is expensed based on prior year program salaries. Workmen's Compensation Insurance is expensed based on a combination of past experience and prior year salaries. The budget requested is based on past history of Division Programs. Insurance costs for this project are \$5,000.

(g) Department of Administration (DOA) – State Controllers Office (SCO)

Calculations: DOA allocates cost directly to all applicable programs throughout all State agencies. Costs associated with the Federal Cash Management (FCM) system are distributed based on the number of cash draws processed. Also, costs to operate the State's accounting system are charged to programs based on prior program salaries. The budget requested of is based on past history of Division programs. Total DOA-SCO costs for this project are \$7,500.

(h) Office of Legal Council (OLC)

Calculations: The program relies on OLC to obtain legal advice. The amount charged to the program is determined through the use of a time study allocation. OLC costs are distributed based on the percentage of time worked on the identified program. Total OLC costs for this project are estimated to be \$10,000.

(i) Grants and Contracts (GAC) System Maintenance: programming costs for maintenance and enhancements of the division's GAC System. Programming at \$100/hr x 50 hrs = \$5,000.

Occupancy Costs:

\$58,659

Basis of Allocation: Square Footage

Calculations: Office Space - The cost of office space for State owned buildings is charged to federal grants based on the rates negotiated with the U.S. Department of Health and Human Services, Cost Allocation Division located in Dallas, Texas. The proposed reimbursement rate for central office staff for the grant period is \$11.12 per square foot. The average work area associated with each of the central office program staff is 150 square feet. The central office anticipated costs for this project is calculated as follows: 150sq.ft. @ \$11.12/sq.ft. x 27.28 workstations = \$45,503. Staff located at the Northeastern regional office has an approved rate of \$11.66 per square foot. The Occupancy cost calculation for this region is: 200sq.ft. @ \$11.66/sq.ft. x 1 workstation = \$2,332. Staff located at the Southeastern regional office has an approved rate of \$7.65 per square foot. The Occupancy cost calculation for this region is: 160sq.ft. @ \$7.65/sq.ft. x 1 workstation = \$1,224. Staff in the remaining three regions are housed in privately leased buildings. The occupancy calculation for these regions are as follows: Northern – 200sq.ft. @ \$12.00/sq.ft. x 1 workstation = \$2,400. Southern - 200sq.ft. @ \$20.00/sq.ft. x 1 workstation = \$4,000. Western - 200sq.ft. @ \$16.00/sq.ft. x 1 workstation = \$3,200.

Meetings:

\$46,134

Basis of Allocation: Direct Charges

(a) Participants: Public Health Council and Subcommittees

Calculation: The Program is requesting budget to cover eighteen (18) meetings with the following cost estimate:

20 participants @ \$10 for materials x 18 mtgs	=	3,600
Meeting Room rental (\$150 x 12 mtgs)	=	1,800
12 trips x 4 people x 200 miles r/t x .325/mile	=	3,120

Justification:

The council and its subcommittees are charged with advising the department, the legislature and the governor on issues related to public health and hospital preparedness, and implementation of the state health plan Healthiest Wisconsin 2010.

(b) Participants: Consortia Program Coordinators and Fiscal Agent Meetings

Calculation: The Program is requesting budget to cover twelve (12) meetings with the following cost estimate:

20 participants @ \$10 for materials x 12 mtgs	=	2,400
Meeting Room rental (\$100 x 6 mtgs)	=	600

Justification:

Meetings are held to discuss progress in accomplishing objectives, dialog on successes and barriers in implementing the work plan, discuss relevant issues of the day, identify available resources, and prioritize work effort.

(c) Participants: Public Health and Hospital Preparedness Annual Partners Conference

Calculation: The Program is requesting budget to cover costs for a two day conference, with the following cost estimate:

300 participants @ \$10 for materials	=	2,520
Meeting Room rental (\$150 x 10 rooms)	=	900
Audiovisual Rental (\$25/room)	=	150
Speaker honorarium (\$5000 x 3 speakers)	=	15,000

Justification:

Conference is held to provide education on preparedness issues and allow statewide partners and grant recipients to share practices and accomplishments.

(d) Participants: SNS Committee Meetings

Calculation: The Program is requesting budget to cover six (6) meetings with the following cost estimate:

20 participants @ \$10 for materials x 6 mtgs	=	1,200
Meeting Room rental (\$100/mtg)	=	600

Justification:

This work group is responsible for development and implementation of the Strategic National Stockpile plan for the state of Wisconsin.

(e) Participants: Surveillance and Epidemiology Meetings

Calculation: The Program is requesting budget to cover fourteen (14) meetings with the following cost estimate:

20 participants @ \$10 for materials x 14 mtgs	=	2,800
Meeting Room rental (\$100/mtg)	=	1,400
Speaker fees and travel reimbursement	=	3,000

Justification:

Surveillance and Epidemiology meetings include an advisory committee (4 meetings/yr), the Statewide Epidemiologist Network (2 meetings/yr), Consortia Epidemiologists (6 meetings/yr), and Food Safety Partners (2 meetings/yr).

(f) Participants: HAN/PHIN Development and Partners Meetings

Calculation: The Program is requesting budget to cover twelve (12) meetings with the following cost estimate:

20 participants @ \$10 for materials x 12 mtgs = 2,400
 Meeting Room rental (\$100/mtg) = 1,200

Justification:

HAN/PHIN Development Meetings to engage consortia and local health department staff in the development modifications of the HAN/PHIN. HAN/PHIN Partners Meetings serve as an advisory committee to the department on HAN/PHIN issues.

(g) Participants: State Exercises

Calculation: The Program is requesting budget to cover four (4) statewide response exercises with the following cost estimate:

12 staff @ \$10 for materials x 4 exercises = 480
 Meeting Room rental (\$200/mtg) = 800
 4 trips x @ \$35 per fleet van = 140
 4 trips x @ \$28 per fleet car x 2 cars = 224

Justification:

These funds will cover travel and related expenses involved with state and regional response exercises throughout the state.

(h) Participants: Performanced Based Contracting and Consortia Committee Meetings

Calculation: The Program is requesting budget to cover six (6) meetings with the following cost estimate:

20 participants @ \$10 for materials x 6 mtgs = 1,200
 Meeting Room rental (\$100/mtg) = 600

Justification:

The Performanced Based Contracting and Consortia Committee meets to discuss and provide recommendations to the department on contracting issues and on the bundling of funds to encourage consortia development among local health departments, including the preparedness consortia.

Training: \$ 111,050

Basis of Allocation: Direct Charges

The following training activities will be directly charged and are not included in travel, contractual or any other expenditure category.

() National Incident Management System and Incident Command Training:

Calculation: The Program anticipates ten (10) events with the following cost estimate:

50 participants @ \$10 for materials x 10 events = 5,000
 Meeting Room rental (\$100/event) = 1,000
 Audiovisual Equipment Rental (\$25/event) = 250

() Personal Safety Practice Standards for Healthcare Personnel:

Calculation: The Program anticipates ten (10) events with the following cost estimate:

50 participants @ \$10 for materials x 10 events = 5,000
 Meeting Room rental (\$100/event) = 1,000
 Audiovisual Equipment Rental (\$25/event) = 250

() Decontamination Principles and Practice:

Calculation: The Program anticipates ten (10) events to train public health partners in how to conduct a tabletop exercise.

50 participants @ \$10 for materials x 10 events = 5,000

BUDGET NARRATIVE

CDC Public Health Preparedness Application 2005-2006

Meeting Room rental (\$100/event) = 1,000

Audiovisual Equipment Rental (\$25/event) = 250

() Basic Epidemiology:

Calculation: The Program anticipates five (5) of these trainings.

50 participants @ \$10 for materials x 5 events = 5,000

Meeting Room rental (\$100/event) = 500

Audiovisual Equipment Rental (\$25/event) = 125

Contract with UW La Crosse Instructor fee = 20,000

() Communicable Diseases Spring Seminars:

Calculation: The Bureau of Communicable Disease holds five (5) regional spring seminars to update, educate and dialog with its public health partners.

200 participants @ \$10 for materials x 5 events = 10,000

Meeting Room rental (\$100/event) = 500

() Public Health Emergency Law Training:

Calculation: Staff within the Division of Public Health will develop a training manual and present ten (10) trainings dealing with Isolation and Quarantine Legal issues.

100 participants @ \$10 for materials x 10 events = 10,000

Meeting Room rental (10 events @ \$100) = 1,000

Audiovisual Equipment Rental (10 events @ \$25)= 250

Print 500 Manuals @ \$6/Manual = 3,000

500 3-ring binders @ \$8.35 each = 4,175

() TRAIN LMS Training

50 participants @ \$10 for materials x 5 events = 2,500

Computer Lab rental (5 events x \$300) = 1,500

(h) Regional Office Training

100 participants @ \$10 for materials x 30 events = 30,000

Meeting room rental (\$100/mtg) = 3,000

Audiovisual Equipment Rental (\$25/event) = 750

Translation Services: \$7,000

Basis of Allocation: Direct Charges

(a) Translate a prioritized list of DHFS publications into Hmong language. During emergencies, provide fast turnaround time (less than 72 hours) on items needing Hmong translation.

Translation services @ \$100/document x 70 documents = \$7000

H. Contractual:

\$10,804,548

BASE FUNDING

\$10,570,952

0. **Contract:** Consortia Infrastructure Capacity

Contractor: 1) Brown County Health Department, 2) Dane County Human Services – Division of Public Health, 3) Douglas County Health Department, 4) Fond du Lac County Public Health Nursing Services, 5) Crawford County Health Department, 6) Kenosha County Health Department, 7) La Crosse County Health Department, 8) Marathon County Health Department, 9) Polk County Health Department, 10) Sauk County Public Health Nursing Service, 11)

Appleton City Health Department, and 12) Wauwatosa Health Department

Selection: Sole-Source

Type: Local Health Department (LHD)

Start/End on: August 31, 2005 to August 30, 2006

Accountability: semi-annual

\$ Requested: \$6,760,000

CDC Outcome: 1A

Budget Justification:

There are ninety-four (94) local health departments and eleven (11) tribal health centers that comprise the twelve (12) consortia. Funds will be awarded to each of the consortia based on the following funding criteria: 1) percentage of state population within the consortia jurisdiction, 2) percentage of geographic area contained within the consortia jurisdiction, 3) base amount for each of the hundred and five (105) public health agencies, 4) base amount for each of the twelve (12) consortia, and 5) the risk value assigned to each public health agency based on the Department of Justice (DOJ) survey.

Based on this initial allocation, the twelve consortia will determine the amount of resources remaining with the fiscal agents and which amount will pass through to the local health agencies. The amount requested will fund the remainder of 2005 and the first five months of 2006 with the expectation that an additional three months will be funded from FY2004 carryover funds. The total 2006 calendar year contracts will equal \$9,000,000. See the attached spreadsheet for anticipated funding to consortia and local health departments.

0. **Contract:** Disaster Mental Health and Special Populations

Contractor: Division of Disability and Elder Services (DDES)

Selection: Sole-Source

Type: Other

Start/End on: August 31, 2005 to August 30, 2006

Accountability: annual report

\$ Requested: \$363,412

CDC Outcome: 6B, 6C, 6D

Budget Justification:

The Division of Disability and Elder Services (DDES) will use these funds to coordinate disaster mental health planning and exercising into existing emergency response plans, provide training on emergency roles to local human services agencies, coordinate the Community Coalition which focuses efforts on awareness and exercising of all special populations during and after an emergency, and implement and expand local and regional pilots on mental health and special populations concerns. The amount requested (\$363,412) will fund the first eight months of the budget period with the expectation that an additional four months will be funded from FY2004 carryover funds. Total contract $\$423,500 = \$363,412 + \$60,088$.

0. **Contract:** Native American Tribal Capacity

Contractor: Great Lakes Inter-Tribal Council (GLITC)

Selection: Sole-Source

Type: Other

Start/End on: August 31, 2005 to August 30, 2006

Accountability: annual report

\$ Requested: \$230,000

CDC Outcome: 1A**Budget Justification:**

The funding is used to support infrastructure capacity to provide tribes with technical assistance on preparedness issues.

0. Contract: EdTRAC

Contractor: Area Health Education Centers (AHEC)

Selection: Sole-Source

Type: Other

Start/End on: August 31, 2005 to August 30, 2006

Accountability: quarterly reports

\$ Requested: \$150,000

CDC Outcome: 1A, 6B

Budget Justification:

The AHEC System Office will provide coordination and staff support of the Division of Public Health's Education and Training Advisory Committee or EdTRAC. EdTRAC has been formed to: (1) to contribute to the State Health Plan system priority objective to "create an Education and Practice Forum to assure a competent public health workforce through a collaborative information and education network for workforce preparation, support of current practice, and continuing education", and (2) to systematically approach the multidisciplinary training and education needs of our public health system partners relative to emergency readiness. In addition to support of a position in the AHEC Systems office, this contract includes the support of development and delivery of competency-based, accredited preparedness education and training with public health partners to increase the competency of the public health workforce.

AHEC Staff position: \$35 x 2088 hrs	\$75,000
Travel to Preparedness Training Grant Meetings (3)	\$ 4,000
Logistical Coordination of Quarterly EdTRAC Quarterly Meetings (\$1,500 x 4)	\$6,000
Course Development & Training Support (BDLS, WTCS)	\$ 50,000
Website Development/Maintenance	<u>\$ 15,000</u>
Total	\$150,000

0. Contract: TRAIN Learning Management System (LMS)

Contractor: Public Health Foundation

Selection: Sole-Source

Type: Other

Start/End on: August 31, 2005 to August 30, 2006

Accountability: quarterly reports

\$ Requested: \$25,000

CDC Outcome: 6A

Budget Justification:

The annual service renewal is \$12,000 and Wisconsin would like to contribute to the customization of the self-assessment tool and the enhancement of course provider tools to transfer data between

registration systems. Our contribution to this is estimated at \$8000. In addition, Wisconsin will explore customizing the grouping structure to enhance the usability of the system in Wisconsin for our public health partners based upon recommendations from EdTRAC for an estimated cost of \$5,000.

Service Renewal	\$12,000
Enhancements	\$ 8,000
Customizations	<u>\$ 5,000</u>
Total	\$25,000

0. Contract: Regional HazMat, ICS and Exercise Training
Contractor: Wisconsin Emergency Management (and others TBD)

Selection: Sole Source

Type: Other

Start/End on: August 31, 2005 to August 30, 2006

Accountability: annual report

\$ Requested: \$25,000

CDC Outcome: 1A, 6C, 6B

Budget Justification:

Meeting Expenses

Travel Reimbursement	\$2000
Lodging Reimbursement	\$2000
Facility	\$500
Materials	<u>\$500</u>
	\$5,000
5 DPH regional sessions	<u>x 5</u>
Total	\$25,000

0. Contract: 211 Wisconsin Coordinator

Contractor: 211 Wisconsin, Inc.

Selection: Sole-Source

Type: Other

Start/End on: August 31, 2005 to August 30, 2006

Accountability: quarterly reports

\$ Requested: \$94,060

CDC Outcome: 6A, 6B

Budget Justification:

The Statewide 2-1-1 Wisconsin Coordinator will be responsible for leading 2-1-1 Wisconsin's efforts on behalf of the State of Wisconsin and the 211 Wisconsin, Inc. Board of Directors. The Coordinator will plan and execute strategies that will lead to a sustainable 211 System, consistent sources of funding for 2-1-1 and development of a statewide business plan for 2-1-1.

Based on estimates of staffing, equipment and travel expenses:

Staffing costs: \$35.00 x 2080 hrs = \$ 75,000

In-State-travel: 80 trips x \$34 per day x 1 staff = \$2720

Out- of -State travel:

BUDGET NARRATIVE

CDC Public Health Preparedness Application 2005-2006

Airfare: 4 trips x 1 staff x \$600 airfare	= \$2400
Lodging: 12 nights x 150	= \$1800
Per diem: \$45/day x 12 days x 1 staff	= \$ 540
Conference Registration: \$400x 4	= \$1600
Equipment, space and supplies:	<u>= \$10,000</u>
Total:	= \$94,060

0. Contract: Kids Speak Out Survey**Contractor:** UW Survey Center**Selection:** Sole-Source**Type:** Other**Start/End on:** August 31, 2005 to August 30, 2006**Accountability:** annual report**\$ Requested:** \$19,517**CDC Outcome:** 6A, 6B**Budget Justification:**

Mail survey to be conducted by UW Survey Center for a four page mail survey sent out to 1,000 pupil services staff in school districts throughout Wisconsin. Would complete 4 wave mail survey with pupil services staff statewide. Will analyze mail survey data and prepare a summary analytical report.

Labor	= \$ 9,557
Fringe	= \$ 2,884
Supplies & Services	<u>= \$ 4,530</u>
Subtotal	= \$16,971
Indirect Charges @15%	<u>= \$ 2,546</u>
Total with Indirect Charges	= \$19,517

0. Contract: Kids Speak Out Curriculum**Contractor:** TBD**Selection:** Bid**Type:** Commercial**Start/End on:** August 31, 2005 to August 30, 2006**Accountability:** semi-annual report**\$ Requested:** \$60,880**CDC Outcome:** 6A, 6B**Budget Justification:**

Development of Kids Speak Out curriculum package and materials

Staffing costs:	\$25/hr x 400 hrs x 4 staff	= \$40,000
In-State-travel:	80 trips x \$34 per day x 4 staff	= \$10,880
Materials & delivery:		<u>= \$10,000</u>
Total:		= \$60,880

0. Contract: Kids Speak Out Video and PSA**Contractor:** TBD

Selection: Bid**Type:** Commercial**Start/End on:** August 31, 2005 to August 30, 2006**Accountability:** semi-annual report**\$ Requested:** \$32,000**CDC Outcome:** 6A, 6B**Budget Justification:**

Development and delivery of risk communication script and messages targeted to children for public service announcements and video.

Staffing costs: \$50/hr x 2 staff x 320 hrs = \$32,000

0. Contract: Special Data Projects Position**Contractor:** University of Wisconsin, Department of Population Health Sciences**Selection:** Sole-source**Type:** Other**Start/End on:** August 31, 2005 to February 28, 2006**Accountability:** quarterly**\$ Requested:** \$49,884**CDC Outcome:** 2B**Budget Justification:**

Justification for IS Data Services Senior Position: One time position funded in the first six months from this application with the expectation that an additional six months will be funded from FY2004 carryover funds. This position will provide project manager/technical support to the Bureau of Environmental and Occupational Health. Initial projects will include 1) Coordinating the field migration of the Hazardous Substance Emergency Event Surveillance program (HSEES) to the 12 Public Health Preparedness Consortiums; 2) Coordinating the conversions of the Recreational Licensing and Food Safety Program to the new licensing program, FLIP; 3) Coordinating the implementation of the chemical poisoning surveillance program ToxiTrac. ToxiTrac is used by Children's Hospital of Wisconsin for documenting all the poisonings they receive calls on; 5) Coordinate and manage the implementation of the new ambulance run data system; 6) Coordinate and manage the implementation of the new Trauma Registry.

Salary - 1.0 FTE, IS Data Services Senior	\$54,080
Fringe – 1.0 FTE, IS Data Services Senior (44.5%)	<u>\$24,066</u>
Total –Salary and Fringe	\$78,146
UW-Madison, Indirect Costs @ 15%	<u>\$11,722</u>
Total – Salary, Fringe and Indirect	\$89,868
Supplies/Services/Travel	\$4,000
*DHFS Rent (\$1,080), LAN (\$870), Internal Services(\$1000)	\$5,900
GRAND TOTAL	\$99,768
Six months allocation	<u>x 0.5</u>
	\$49,884

* Based on a 1.0 FTE

0. Contract: Epidemiological Surveillance

Contractor: City of Milwaukee Health Department

Selection: Sole-source

Type: LHD

Start/End on: August 31, 2005 to August 30, 2006

Accountability: annual report

\$ Requested: \$100,000

CDC Outcome: 5A

Budget Justification:

Contract funds used to support 1.0 FTE epidemiologist.

Epidemiologist staff salary = \$30/hr x 2088 hrs = \$62,640

Epidemiologist staff fringe = \$62,640 x 0.42 = \$26,309

travel/training expenses = \$2000 x 3 trips = \$6,000

office/computer supplies = \$5,051

TOTAL = \$100,000

0. **Contract:** CasePoint Coroner Surveillance

Contractor: University of Wisconsin, Department of Information Technology

Selection: Sole-source

Type: Other

Start/End on: August 31, 2005 to August 30, 2006

Accountability: annual report

\$ Requested: \$50,000

CDC Outcome: 4A

Budget Justification:

Funds a 0.5 FTE programmer/project manager for full implementation, uploading of data from other vendors, and expansion to funeral directors of CasePoint death surveillance.

Staff salary = \$30/hr x 1044 hrs = \$31,320

Staff fringe = \$31,320 x 0.42 = \$13,154

office/computer supplies = \$5,526

TOTAL = \$50,000

0. **Contract:** ToxiTrac Support

Contractor: Wisconsin Children's Hospital

Selection: Sole-source

Type: Other

Start/End on: August 31, 2005 to August 30, 2006

Accountability: Annual report

\$ Requested: \$5000

CDC Outcome: 4A

Budget Justification:

Supports annual cost of ToxiTrac software licensing equaling \$5000.

0. **Contract:** Marshfield ESSENCE Syndromic Surveillance

Contractor: Marshfield Clinic Research Foundation

Selection: Sole-source

Type: other

Start/End on: August 31, 2005 to August 30, 2006

Accountability: annual report

\$ Requested: \$40,000

CDC Outcome: 4A, 5A

Budget Justification:

Programmer and statistician costs to integrate nurse call line data streams into existing collection and analysis of ICD-9 codes. Programming and analysis costs at \$40/hr x 1000 hrs = \$40,000.

0. **Contract:** Clinician Notification System

Contractor: University of Wisconsin, Department of Family Medicine

Selection: Sole-source

Type: other

Start/End on: August 31, 2005 to August 30, 2006

Accountability: annual report

\$ Requested: \$40,000

CDC Outcome: 2A

Budget Justification:

Expansion and adaptation to all 30 clinics from current 4-clinic pilot of automated clinician notification via system internal to each healthcare agency, and development of a website for linkage to resources, data, reporting.

Adaptation cost at \$1000 x 30 clinics = \$30,000

Website development at \$40/hr x 250 hrs = \$10,000

TOTAL = \$40,000

0. **Contract:** TB Case Management System Installation and Management

Contractor: University of Wisconsin, Department of Information Technology

Selection: Sole-source

Type: Other

Start/End on: August 31, 2005 to August 30, 2006

Accountability: annual report

\$ Requested: \$47,500

CDC Outcome: 2A, 4A

Budget Justification:

Install and troubleshoot TB Case Management System in collaboration with the DPH's Bureau of Communicable Disease and Preparedness TB Unit.

0.25 FTE programmer/project manager

Staff salary = \$40/hr x 522 hrs = \$20,880

Staff fringe = \$20,880 x 0.4022 = \$8398

hardware/software = \$18,222

TOTAL = \$47,500

0. **Contract:** Health Alert Network/Wisconsin PHIN Development

Contractor: University of Wisconsin, Department of Information Technology

Selection: Sole-source

Type: Other

Start/End on: August 31, 2005 to August 30, 2006

Accountability: Annual report

CDC Outcome: 4A

\$ Requested: \$1,013,800

Budget Justification:

The funding is to support and enhance the infrastructure and applications this vendor has created for the Wisconsin public health system. This includes partner communications and alerting capabilities. It also includes PHIN cross-functional components, system integration, data exchange services, analysis/visualization/reporting, and integrated data repository. Program Area Modules (PAMs) for electronic disease surveillance and outbreak management are also funded here. The amount requested (\$1,013,800) will fund the first eight months of the budget period with the expectation that an additional four months will be funded from FY2004 carryover funds (See items asterisked below). Total contract \$1,513,800 = \$1,013,800 + \$500,000.

Activities include the following categories:

- . Development of the Wisconsin Electronic Disease Surveillance System (\$130,000)*
- . Development of Analysis, visualization and reporting functions and an integrated data repository (\$320,000)*
- . Network messaging service (\$50,000)*
- . Support to continue operations for the Health Alert Network, for Program Area Modules (PAMs) and Shared Service hosting, administration and shared services operations (\$945,651)
- . HAN upgrades and compliance; inter-jurisdictional alerting (\$68,149)

19. **Contract:** Biological Laboratory Capacity

Contractor: Wisconsin State Laboratory of Hygiene

Selection: Sole-source

Type: Other

Start/End on: August 31, 2005 to August 30, 2006

Accountability: Annual report

CDC Outcome: 1A, 3A, 6A

\$ Requested: = \$646,492

Budget Justification:

Continue to develop the Laboratory Response Network (LRN) for Sentinel laboratories in coordination with Health Resources Services Administration (HRSA) Hospital Preparedness and maintain the Integrated Laboratory Response Plan. Continue to define and coordinate emergency response roles for local public health laboratories, state food and animal testing laboratories, first responders, Hazmat teams. Expand capabilities of WSLH and the state's two other LRN Reference Laboratories to test for agents of terrorism. Continue to develop laboratory-based surveillance and incorporate LRN diagnostic tests for agents of public health importance. Maintain protocols, specimen shipping materials distribution centers and a multi-tier specimen transport system for managing the transport of samples during a public health emergency. Continue to provide training to laboratory response partners via regional workshops, teleconferences and site visits of sentinel laboratories.

The amount requested (\$646,492) will fund the first eight months of the budget period with the expectation that an additional four months will be funded from FY2004 carryover funds. Total contract \$969,738 = \$646,492 + \$323,246.

David Warshauer, Ph.D., NLRN Director (1.0 FTE)	\$ 98,303
Various Cross-Trained Microbiologists (5.0 FTE)	\$226,761
Mary Wedig, WiLRN Asst. Coordinator (1.0 FTE)	<u>\$ 45,296</u>
Personnel Total	\$370,360
Fringe Benefits (40% salary)	\$148,144
Travel: out-of-state	\$ 12,000
(Includes NLRN training at CDC for WSLH	
At \$1500/trip x 4 staff = \$6000)	
Travel: in-state	\$ 6,000
Postage	\$2,500
Shipping containers	\$5,000
Courier expenses for receiving samples from distribution centers	\$12,500
Equipment	\$69,000
Mini MagnaPure	
(Biosafety necessity for specimen processing) \$35,000	
Instrument maintenance contracts	
(2 Lightcyclers, 3 MagnaPures) \$34,000	
Contract Administration at 15% of direct costs	\$83,476
Equipment <u>not</u> included in this calculation	
Subcontracts	\$260,758

0. Develop and Expand Laboratory Capacity with Other Labs

Contractor: Wisconsin Veterinary Diagnostic Laboratory

Procurement Method: Non-competitive Selection

Scope of Service: Maintain response capability and 24/7 coverage for electron microscopy analysis.

Period of Performance: August 31, 2005 to August 30, 2006

Kim Beitlich, Microbiologist (1.0 FTE)	\$38,189
Fringe Benefits (40% of Salary)	<u>\$15,276</u>
Personnel Total	\$53,465
Service Agreement for Electron Microscopy	\$10,000
Maintenance of 24/7 communications capability	<u>\$2,000</u>
	\$65,465

0. Develop and Expand Laboratory Capacity with Other Labs

Contractor: Department of Agriculture, Trade, and Consumer Protection-Bureau of Laboratory Services

Procurement Method: Non-competitive Selection

Scope of Service: Consultation on food testing protocols and maintenance of 24/7 communications capability for \$4,000

Period of Performance: August 31, 2005 to August 30, 2006

0. Develop and Expand Laboratory Capacity with Other Labs

Contractor: Milwaukee Health Department Laboratory

Procurement Method: Non-competitive Selection

Scope of Service: Develop and perform LRN Reference level testing including real-time PCR for BT and other agents of public health importance in support of the WiLRN.

Period of Performance: August 31, 2005 to August 30, 2006

Sanjib Bhattacharyya, Microbiologist (1.0 FTE)	\$ 53,900
Manjett Upall, Microbiologist (1.0 FTE)	\$ 47,797
Fringe Benefits (38% of salary)	<u>\$ 38,645</u>
Personnel Total	\$ 140,342

Supplies for molecular testing	\$ 20,000
Travel (Out-of state)	\$ 6,000
Contract Administration @15% of direct costs	<u>\$ 24,951</u>
	\$191,293

20. **Contract:** Level One Chemical Laboratory Capacity**Contractor:** Wisconsin State Laboratory of Hygiene**Selection:** Sole-source**Type:** Other**Start/End on:** August 31, 2005 to August 30, 2006**Accountability:** Annual report**CDC Outcome:** 3A, 14A**\$ Requested:** = \$32,120**Budget Justification:**

Develop the laboratory capacity to respond to chemical terrorism threats by meeting the CDC requirements for a Level One laboratory. This includes purchasing the appropriate laboratory instrumentation (HPLC/MS/MS and HPLC), obtaining the prescribed training from CDC, performing the quality control validation and proficiency testing samples, performing method development work as directed by CDC, provide training to Level Two and Level Three laboratory staff as needed, and act as a surge capacity laboratory for CDC in the event of chemical emergency.

Personnel Total	(2.0 FTE Chemists)	\$102,000 (In-kind)
Fringe Benefits		\$38,760 (In-kind)
Travel		\$12,000 (In-kind)
(3 staff to travel on 4 trips @ \$1000 per trip)		

Equipment (\$510,640 = Direct Assistance Request)

HPLC/MS/MS with four year extended service included

HPLC for ICP/MS for arsenic speciation \$65,908 (In-kind)

5 year service agreement for existing HPLC/MS/MS \$138,000 (In-kind)

Supplies	\$32,120
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21. Contract: Level Two Chemical Laboratory Capacity**Contractor:** Wisconsin State Laboratory of Hygiene**Selection:** Sole-source**Type:** Other**Start/End on:** August 31, 2005 to August 30, 2006**Accountability:** Annual report**CDC Outcome:** 3A, 14A**\$ Requested:** = \$431,287**Budget Justification:**

Maintain Level Two chemical laboratory response capacities and expand capabilities to test for other chemical agents and metabolites as prescribed by CDC. As the State's level three laboratory, maintain and coordinate the packaging and shipping of the clinical samples to be tested for chemical agents with the clinical laboratories in the State. Maintain and enhance the coordination of response plans between the WSLH and the Wisconsin food testing laboratory within the Department of Agriculture, Trade and Consumer Protection. Continue to provide training and support to regional HazMat teams, including maintenance and testing of field equipment and transmission of data for the field.

Personnel Total	(4.5 FTE Chemists)	\$257,455
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Degenhardt, Spallato, Roach		
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Schafer/Worley/Berkseth/Bowman		
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DNR/HazMat position		
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Fringe Benefits		\$97,832
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Travel		\$6,000
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Supplies		\$40,000
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0.5 FTE position with DATCP		<u>\$30,000</u>
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		\$431,287
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22. Contract: Laboratory Epidemiology and IT Capacity**Contractor:** Wisconsin State Laboratory of Hygiene**Selection:** Sole-source**Type:** Other**Start/End on:** August 31, 2005 to August 30, 2006**Accountability:** Annual report**CDC Outcome:** 3A, 4A, 5A**\$ Requested:** = \$330,000**Budget Justification:**

Capacity at the Wisconsin State Laboratory of Hygiene will be maintained to address ongoing epidemiology and information technology needs. The amount requested (\$330,000) will fund the first eight months of the budget period with the expectation that an additional four months will be funded from FY2004 carryover funds (See items asterisked below). Total contract \$493,000 = \$330,000 + \$163,000.

BUDGET NARRATIVE

CDC Public Health Preparedness Application 2005-2006

1. Joint Architecture Planning	.40	\$32,843
2. Reference Labs		
2a. PHIN Accreditation	.40	\$28,288
2b. HCN/HL7	2.30	*\$50,000
2c. WSLH-DPH Reporting	.30	\$22,272
3. Sentinel Labs		
3a. Expanding WNCELR	.65	\$35,819
3b. QA	.60	*\$42,760
3c. Continue Portal Pilot	.60	\$50,054
4. LRN		
4a. Joint Position	.50	\$36,000
4b. LOINC/SNOMED for ELR data	.45	*\$28,857
5. Border Communication – Plan	.15	*\$16,044
6. Delegated Authority	.45	\$28,097
7. Epidemiology support	.75	\$78,828
8. Admin/Support Services	.30	\$21,569
9. Data Casting	.30	*\$21,569
Total	10.1	\$493,000

23. **Contract:** Environmental Instrumentation Maintenance and Calibration**Contractor:** Wisconsin State Laboratory of Hygiene**Selection:** Sole-Source**Type:** Other**Start/End on:** August 31, 2005 to August 30, 2006**Accountability:** annual report**CDC Outcome:** 3A, 4A, 5A**\$ Requested:** \$25,000**Budget Justification:**

The DHFS Bureau of Environmental and Occupational Health, Wisconsin's Regional Hazmat teams, and the State Laboratory of Hygiene's Occupational Health programs all maintain sophisticated real-time field monitoring instrumentation to monitor for air-borne chemical hazards. To maintain the field readiness of the equipment and to maximize the utility and sharing of field instrumentation among organizations, it is proposed that the WSLH serve as a central repository for maintenance and calibration of Wisconsin's equipment. Instrumentation maintain in this manner could also be use to improve the readiness of local public health responders. Overall, this would insure that field instrumentation is field ready to respond to chemical emergencies. One time position funded in the first six months from this application with the expectation that an additional six months will be funded from FY2004 carryover funds.

0.5 FTE position	\$40,000
maintenance and calibration equipment	<u>\$10,000</u>
	\$50,000
six months allocation	<u>x 0.5</u>
	\$25,000

CRI (Cities Readiness Initiative) FUNDING \$233,59624. **Contracts:** Cities Readiness Initiative (CRI)

Contractor: Milwaukee Metropolitan Statistical Area (MSA) Health Departments; Kenosha County Health Department; St. Croix County Health Department; Pierce County Health Department

Selection: Sole Source

Type: LHD

Start/End on: August 31, 2005 to August 30, 2006

Accountability: site visit

\$ Required: \$233,596

CDC Outcome: 1A, 11A

Budget Justification:City of Milwaukee Health Department

Planner who would serve as the lead on doing/compiling the assessments, reviewing the 3 mass clinic plans/protocols, and developing a unified plan and unified protocols for the entire MSA, establishing MOU's with additional large venue sites, developing standard training, volunteer recruitment and training, etc.

Planner staff salary = \$25.09/hr x 2088 hrs = \$52,382

Planner staff fringe = \$52,382 x 0.42 = \$22,000

Data analyst to deal with resource management/inventory tracking, countermeasure response administration functionality under the PHIN, and eventually some of the early detection and outbreak management technology.

Data analyst staff salary = \$24.22/hr x 2088 hrs = \$50,577

Data analyst staff fringe = \$50,577 x 0.42 = \$21,242

meeting expenses = \$1000 x 12 meetings (1/mo.) = \$12,000

travel/training expenses = \$2000 x 2 trips = \$4,000

office/computer supplies = \$7,799

TOTAL = \$170,000

Kenosha County Health Department

meeting travel expenses = \$200/meeting x 10 meetings = \$2000

staff time = \$30/hr x 500 hrs = \$15,000

office supplies = \$2786

TOTAL = \$19,786

St. Croix County Health Department

meeting travel expenses = \$200/meeting x 10 meetings = \$2000

staff time = \$30/hr x 150 hrs = \$4500

office supplies = \$405

TOTAL = \$6905

Pierce County Health Department

meeting travel expenses = \$200/meeting x 10 meetings = \$2000

BUDGET NARRATIVE

CDC Public Health Preparedness Application 2005-2006

staff time = \$30/hr x 150 hrs = \$4500

office supplies = \$405

TOTAL = \$6905

Milwaukee Metropolitan Statistical Area (MSA) Health Departments

Ozaukee County Health Department

Washington County Health Department

Waukesha County Health Department

Cudahy Health Department

Franklin Health Department

Greendale Health Department

Hales Corners Health Department

North Shore Health Department

Oak Creek Health Department

Saint Francis Health Department

South Milwaukee Health Department

Wauwatosa Health Department

West Allis Health Department

Shorewood/Whitefish Bay Health Department

Greenfield Health Department

CRI meeting travel expenses

\$200/meeting x 10 meetings = \$2000

x 15 agencies

TOTAL = \$30,000

I. Total Direct Costs: \$14,866,284**J. Indirect Costs \$ 109,196**

The most recent indirect cost rate agreement is dated September 17, 2004.

The rate is 6.0% and is computed on the following direct cost base of \$1,819,941.

Personnel	\$1,819,941	
Fringe	\$	
Travel	\$	
Supplies	\$	
Other	\$	
Total	\$1,819,941	x 6.0% = \$109,196

K. TOTAL COSTS \$14,975,480

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 0348-0044

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. Totals		\$	\$	\$	\$	\$

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)					
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	\$	\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$

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